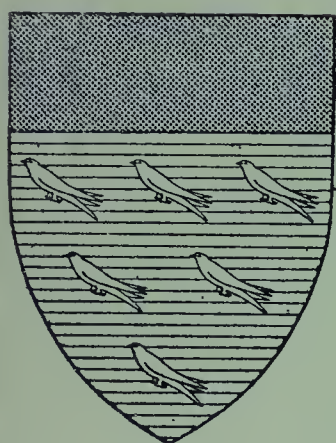
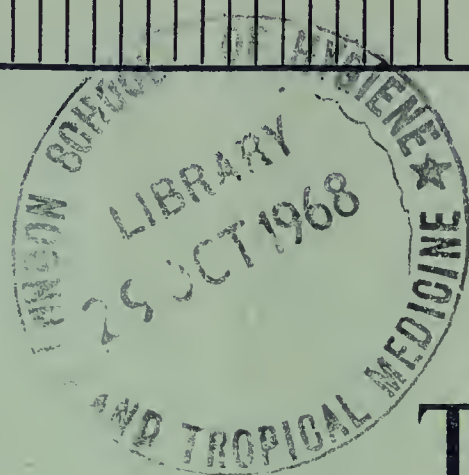


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THE
ANNUAL
REPORTS
OF THE
COUNTY
MEDICAL
OFFICER
OF
HEALTH
AND
PRINCIPAL
SCHOOL
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OFFICER



THE
HEALTH
OF
WEST
SUSSEX
1966



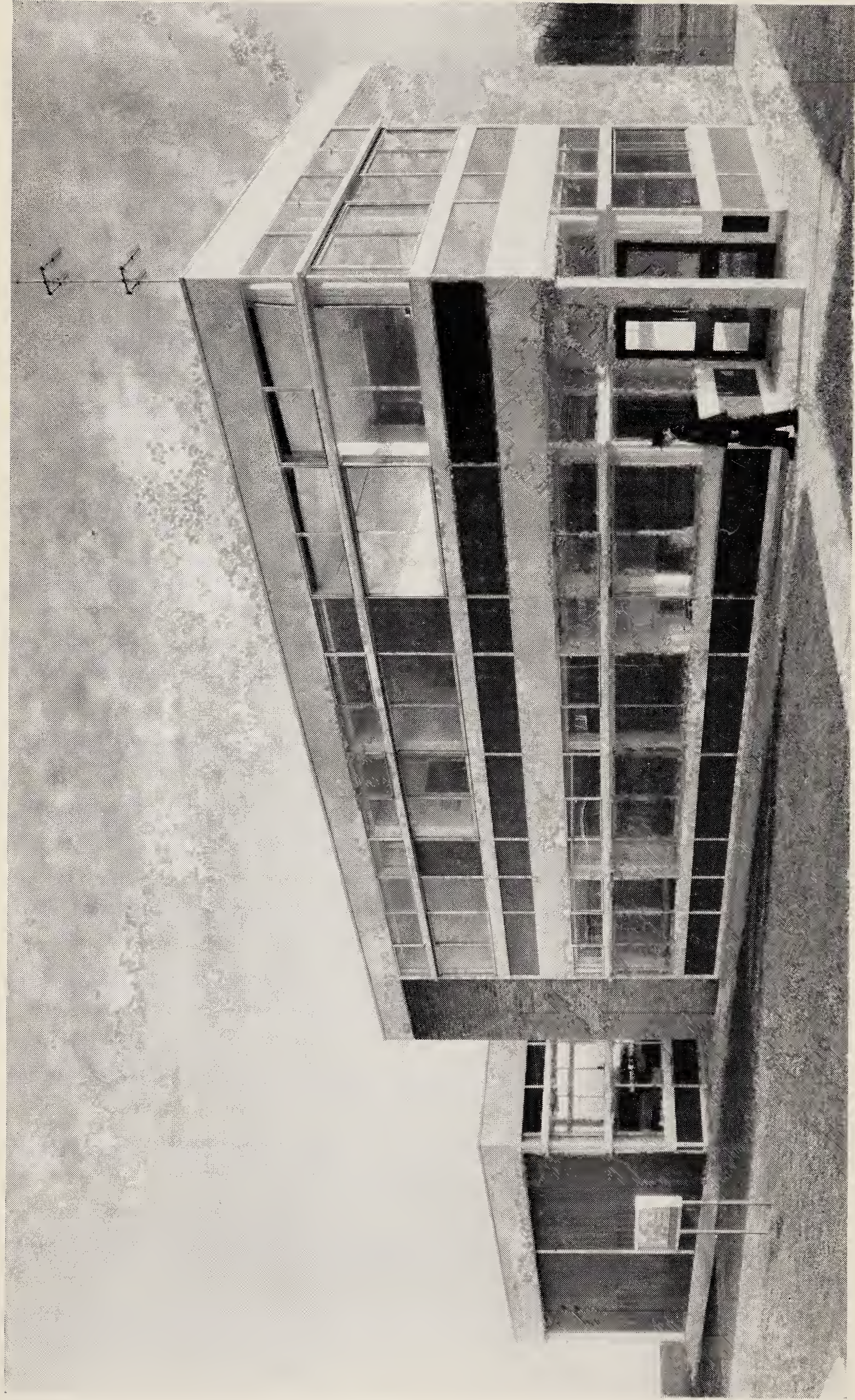
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CHICHESTER AMBULANCE STATION AND COUNTY CONTROL

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. . . no time should be lost in setting up a properly-conducted Committee of Enquiry into the Administrative Structure of the National Health Service.

The Health of West Sussex: 1964

. . . the Government should be requested to set up immediately an independent inquiry into the finance, administration and staffing of the National Health Service.

The Council of the British Medical Association: 21st December, 1966

. . . The Association have been informed that their views on this subject have been noted and will receive consideration.

The Minister of Health: House of Commons: 30th January, 1967

To the Members of the County Council of West Sussex

I present for your information another edition of *The Health of West Sussex* which has been compiled in accordance with the requirements of the *Public Health Officers Regulations, 1959* and at the request of the Department of Education and Science; it comprises my Annual Reports on the Health of the County and of the School Child for the year 1966.

The present edition follows the pattern I commended to the Council in 1964. It is relatively short and contains no more than is necessary to record the activities of the Department and the state of the public health, which remained satisfactory during the period under review.

Part I of the Report contains an abbreviated account of the statistics for the year; compared with 1965, there were some fluctuations but none was of material significance. The birth rate fell; the death rate was the same; infant mortality increased; stillbirths were fewer; illegitimacy rose; no women in West Sussex died from maternal causes.

Winds of Change

This is the seventh edition of *The Health of West Sussex* for which I have been responsible. How many more I shall present to the Council remains to be seen, for there are several indications that different methods of providing community health services may emerge in the next few years.

Changes in boundaries and functions may come from the Royal Commission on Local Government in England and Wales, charged in its terms of reference to have regard to "the need to sustain a viable system of local democracy." Change in some of the local authority services in Scotland are envisaged in a White Paper* published by the Government in October, 1966. Change will undoubtedly be recommended by the Seebohm Committee, appointed in December, 1965 by a number of Ministers of State "to review the organisation and responsibilities of local authority personal social services in England and Wales, and to consider what changes are desirable to secure an effective family service." New ways of recruiting and using staff may emerge from the report of the Mallaby Committee on the Staffing of Local Government†; new procedures may be introduced after the report of the Maud Committee on the Management of Local Government has been received.

The cumulative effect of the work of these Committees will probably be to modify, perhaps radically, the ways in which the local authority health and social services are at present made available to the public.

*Social Work and the Community. 1966. (Cmnd. 3065). London. H.M.S.O.

† Published March, 1967. Ministry of Housing and Local Government. Committee on the Staffing of Local Government. London. H.M.S.O.

The responsibility for some services may pass from one Committee of the Council to another; some Committees may be merged with others; the boundaries and some functions of the County Council may be changed; the County Council may itself cease to exist in its present form.

At a time such as this when the winds of change are beginning to blow through the corridors of county halls, it is regrettable that no complementary consideration is being given to the machinery of the National Health Service as a whole. There are 15 regional hospital boards, 36 boards of governors of teaching hospitals, 336 hospital management committees, 134 executive councils and 173 local health authorities — a perplexing administrative entanglement which, though barely 19 years old, has much in common with the forms of organisation familiar to the mid-Victorians. A comprehensive health service, which disburses annually some twelve hundred million pounds of public money, cannot satisfactorily be administered in this way. It is to be hoped that within the foreseeable future the beams of the searchlights now being turned on local activities may be broadened to embrace the other (non-democratically-elected) branches of the National Health Service. It is almost 90 years since Benjamin Disraeli observed that the health of the people is really the foundation upon which all their happiness depends. It still is. And it is high time that the organisation of the National Health Service was so improved as to make that foundation even more secure.

The Partnership with Family Doctors

The Report contains an account of the various ways in which the work of the family doctor is being progressively supported by the County Health Committee in order to provide the public with better standards of medical care. Health visitors, home nurses and midwives are now unconditionally attached to general medical practices in most areas of the County; generous supplies of home nursing equipment are made available to assist in the care of sick persons at home; much of the routine activity of the school health service is closely integrated with the work of the family doctor; advisory clinics for the elderly, at first in Bognor Regis and Littlehampton, will enable family doctors to treat some of the conditions of old age much earlier than might otherwise have been possible; a majority of the family doctors will take part in the County Council's computer-assisted cervical cytology scheme to be started in 1967 and, outside the Borough of Worthing, almost all family doctors are now using the computer to help them with the vaccination and immunisation of their patients.

The terms of the new Charter for general practice, published in May‡ and partially implemented by the government from October, 1966, will also promote effective co-operation between imaginative health departments and family doctors. Reasonable expenditure on rents and rates for surgery premises, now to be directly reimbursed, will encourage many doctors to improve the conditions in which they have hitherto been compelled to work. The inadequate so-called surgery (frequently no more than a parlour or a room in the corner shop) will inevitably become a relic of the past. Doctors working from purpose-built health

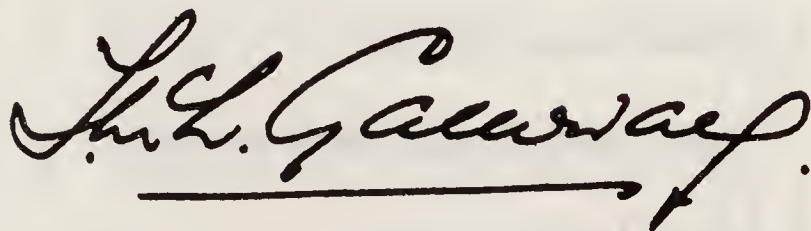
‡ Review Body on Doctors' and Dentists' Remuneration. Seventh Report. May, 1966. (Cmnd. 2992). London. H.M.S.O.

centres, supported by the modern management skills with which some local health authorities are becoming increasingly familiar, may well become the generally-accepted pattern in the future. Such local discussions as have already taken place certainly point in that direction and, as will be seen from the detail published on page 45, more than one-third of the doctors so far approached have indicated that they intend to practise from the health centres which the County Council will be building during the next few years.

When they are ill, people usually seek advice first from their family doctor. In a County with a growing population and a much higher than average number of old people, it is important that doctors should be relieved of trivial work in order to concentrate on the care of sick people who require their clinical skill and judgment. Although the past and present record is not unimpressive, whatever else the County Council can do to promote that end will pay handsome dividends in the better health and well-being of the people they represent.

Acknowledgements

I am grateful for the encouragement I have had from members of the Council and I thank the staff for their work throughout the year.

A handwritten signature in dark ink, reading "J. H. Galloway". The signature is written in a cursive style with a long horizontal flourish extending from the end of the name.

*County Medical Officer of Health
and Principal School Medical Officer*

PART I—GENERAL AND STATISTICAL

Vital Statistics

The Ministry of Health have again asked that certain vital statistics relating to mothers and infants should be included in the Report in the following form and detail; those for 1965 are also shown for comparative purposes.

<i>Live Births</i>		1965	1966
Number		6,506	6,375
Rate a 1,000 population		17.1	16.6
<i>Illegitimate Live Births</i> (per cent of total live births) ...		6.8	7.1
<i>Stillbirths</i>			
Number		96	75
Rate a 1,000 total live and still births		14.5	11.6
<i>Total Live and Still Births</i>		6,602	6,450
<i>Infant Deaths</i> (deaths under one year)		81	92
<i>Infant Mortality Rates</i>			
Total infant deaths a 1,000 total live births ...		12.4	14.4
Legitimate infant deaths a 1,000 legitimate live births		12.2	13.7
Illegitimate infant deaths a 1,000 illegitimate live births		15.8	24.2
<i>Neonatal Mortality Rate</i>			
(Deaths under four weeks a 1,000 total live births)		8.8	11.3
<i>Early Neonatal Mortality Rate</i>			
(Deaths under one week a 1,000 total live births) ...		7.4	9.1
<i>Perinatal Mortality Rate</i>			
(Stillbirths and deaths under one week combined a 1,000 total live and still births)		21.8	20.6
<i>Maternal Mortality</i> (including abortion)			
Number of deaths		1	—
Rate a 1,000 total live and still births		0.2	—

The table on page 12 gives details of the population and the main vital statistics for each County district. The table on page 13 gives details of the causes of death in various age groups.

VITAL STATISTICS West Sussex compared with England and Wales

Year	Population (mid-year estimate)	Live Births			Deaths			Infant Mortality			Neonatal Mortality			Stillbirths			Maternal Mortality		
		West Sussex	Eng- land & Wales	Rate a 1,000 population	West Sussex	Eng- land & Wales	Rate a 1,000 population	West Sussex	Eng- land & Wales	No.	West Sussex	Eng- land & Wales	Rate a 1,000 live births	West Sussex	Eng- land & Wales	No.	West Sussex	Eng- land & Wales	Rate a 1,000 total live and still births
		No.			No.			No.			No.			No.			No.		
1911	92,725	3,386	19.1	24.4	2,203	13.1	14.6	288	85.0	130	†	†	†	†	†	†	6	1.8	3.7
1921	195,795	3,214	17.4	22.4	2,185	11.4	12.1	158	49.2	83	†	†	†	†	†	†	11	3.3	3.9
1931	216,760	3,134	14.5	15.8	2,808	13.0	12.3	139	44.4	66	†	†	†	†	†	†	13	4.1	4.0
1950	316,090	4,203	14.7	15.8	4,454	10.4	11.6	109	26.0	29.6	66	15.7	18.5	19.4	22.6	83	5	1.2	0.9
1951	317,900	4,068	14.2	15.5	4,654	10.8	12.5	100	25.0	29.7	69	17.0	18.8	23.3	23.0	98	2	0.5	0.8
1952	319,600	4,177	14.5	15.3	4,304	10.0	11.3	74	18.0	27.6	52	12.4	18.3	20.8	22.7	87	4	0.9	0.7
*1953	327,340	4,271	14.4	15.5	4,519	10.4	11.4	95	22.0	26.8	67	15.7	17.7	22.7	22.5	99	4	0.9	0.8
1954	338,500	4,681	16.0	15.2	4,606	9.5	11.3	112	24.0	25.4	88	18.8	17.7	22.1	23.5	106	1	0.2	0.7
1955	347,700	4,681	15.3	15.0	4,696	9.5	11.7	99	21.0	24.9	77	16.4	17.3	21.3	23.2	102	1	0.2	0.6
1956	358,700	5,021	15.4	15.6	5,138	10.7	11.7	122	24.0	23.8	85	16.9	16.8	20.5	22.9	105	3	0.6	0.6
1957	370,200	5,287	15.4	16.1	4,757	10.2	11.5	103	19.5	23.1	77	14.6	16.5	24.0	22.5	130	1	0.2	0.5
1958	382,500	5,541	15.4	16.4	5,267	11.0	11.7	100	18.0	22.5	74	13.4	16.2	18.8	21.5	106	1	0.2	0.4
1959	390,000	5,656	15.1	16.4	5,537	11.8	11.6	95	16.8	22.2	64	11.3	15.9	20.9	20.8	121	2	0.4	0.4
1960	397,240	5,802	14.9	17.1	5,679	12.2	11.5	118	20.3	21.8	88	15.2	15.5	13.7	19.8	84	1	0.2	0.4
1961	410,930	5,947	14.6	17.5	5,975	12.6	11.9	107	18.0	21.4	79	13.3	15.3	16.1	19.0	97	1	0.2	0.3
1962	418,470	6,183	14.8	18.9	6,122	12.9	11.9	124	20.1	21.7	92	14.9	15.1	17.1	18.1	106	2	0.3	0.4
1963	425,710	6,395	17.3	18.1	6,634	11.2	12.2	114	17.8	21.1	86	13.4	14.3	14.2	17.2	92	—	—	0.3
1964	436,770	6,567	17.1	18.4	5,976	10.0	11.3	108	16.4	19.9	83	12.6	13.8	13.7	16.3	91	3	0.5	0.3
1965	444,690	6,506	17.1	18.1	6,539	9.7	11.5	81	12.4	19.0	57	8.8	13.0	14.5	15.7	96	1	0.2	0.2
1966	450,170	6,375	16.6	17.7	6,618	9.7	11.7	92	14.4	19.0	72	11.3	12.9	11.6	15.4	75	—	—	0.3

Note: The rates given for the Administrative County have been adjusted for age and sex and are therefore comparable with those for England and Wales.

*Boundary change.

†Not available.

Chief Vital Statistics for each County District in West Sussex

DISTRICT	Estimated population middle of 1966	No. of births	Birth rates		No. of illegitimate births	No. of deaths	Death rates		Deaths under one year	Infant mortality rate a 1,000 live births	Respiratory tuberculosis		Cancer death rate
			Crude	Stan- dardised			Crude	Stan- dardised			No. of deaths	Death rate	
Urban Districts													
Arundel (M.B.) ...	2,680	38	14.2	18.0	3	35	13.1	9.0	—	—	—	—	2.2
Bognor Regis ...	30,800	394	12.8	19.1	41	605	19.6	10.2	4	10.2	4	0.14	4.4
Chichester (M.B.) ...	20,700	303	14.6	15.2	14	341	16.5	9.7	3	9.9	1	0.05	2.8
Crawley ...	61,290	1,082	17.7	13.9	60	355	5.8	11.1	14	12.9	1	0.02	1.2
Horsham ...	24,190	412	17.0	18.1	27	270	11.2	10.0	5	12.1	1	0.04	2.1
Littlehampton ...	17,770	266	15.0	16.9	21	229	12.9	9.7	4	15.0	—	—	2.3
Shoreham-by-Sea ...	18,230	242	13.3	13.8	27	236	12.9	11.0	4	16.5	2	0.11	2.6
Southwick ...	11,900	144	12.1	13.8	11	169	14.2	11.6	1	6.9	2	0.17	3.4
Worthing (M.B.) ...	81,100	918	11.3	17.2	79	1,885	23.2	10.0	19	20.7	1	0.01	3.8
All Urban Districts	268,660	3,799	14.1	16.0	283	4,125	15.4	10.1	54	14.2	12	0.45	3.1
Rural Districts													
Chancetonbury ...	25,350	416	16.4	19.7	27	335	13.2	10.2	6	14.4	1	0.04	2.6
Chichester ...	57,900	777	13.4	16.6	61	616	10.6	8.3	12	15.4	—	—	2.2
Horsham ...	26,700	399	14.9	15.5	24	256	9.6	8.6	1	2.5	—	—	2.0
Midhurst ...	18,430	230	12.5	14.0	10	310	16.9	10.1	4	17.4	—	—	2.8
Petworth ...	10,130	152	15.0	18.3	4	131	12.9	9.2	—	—	—	—	3.0
Worthing ...	43,000	602	14.0	21.4	45	845	19.7	9.6	15	24.9	—	—	3.8
All Rural Districts	181,510	2,576	14.2	17.7	171	2,493	13.7	9.1	38	14.8	1	0.006	2.7
Administrative County ...	450,170	6,375	14.2	16.6	454	6,618	14.7	9.7	92	14.4	13	0.03	2.9

Causes of Death at Different Periods of Life

<i>Causes of death</i>	<i>Total all ages</i>		<i>Under 1 year</i>	1-4	5-14	15-44	45-64	<i>65 and over</i>
	<i>M</i>	<i>F</i>						
1. Tuberculosis, respiratory ...	11	2	—	—	—	1	8	4
2. Tuberculosis, other	1	2	—	—	—	1	—	2
3. Syphilitic diseases ...	6	5	—	—	—	—	2	9
4. Diphtheria ...	—	—	—	—	—	—	—	—
5. Whooping cough ...	—	—	—	—	—	—	—	—
6. Meningococcal infections ...	—	2	—	—	—	—	1	1
7. Acute poliomyelitis	—	—	—	—	—	—	—	—
8. Measles ...	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases ...	4	5	—	1	—	2	3	3
10. Malignant neoplasm, stomach ...	63	57	—	—	—	2	19	99
11. Malignant neoplasm, lung, bronchus ...	242	72	—	—	—	2	112	200
12. Malignant neoplasm, breast ...	1	146	—	—	—	9	48	90
13. Malignant neoplasm, uterus ...	—	33	—	—	—	1	20	12
14. Other malignant and lymphatic neoplasms	339	324	—	—	1	24	175	463
15. Leukaemia, aleukaemia ...	22	19	—	1	1	5	7	27
16. Diabetes ...	16	22	—	—	—	—	7	31
17. Vascular lesions of nervous system ...	401	672	1	—	2	6	104	960
18. Coronary disease, angina ...	766	565	—	—	—	18	271	1,042
19. Hypertension with heart disease ...	30	57	—	—	—	—	9	78
20. Other heart disease ...	321	577	—	—	—	5	53	840
21. Other circulatory disease ...	131	172	—	—	—	4	37	262
22. Influenza ...	11	11	—	—	—	—	5	17
23. Pneumonia ...	181	237	14	1	1	3	42	357
24. Bronchitis ...	183	59	1	—	—	3	43	195
25. Other diseases of respiratory system	41	23	—	—	—	2	11	51
26. Ulcer of stomach and duodenum ...	27	20	—	—	—	2	6	39
27. Gastritis, enteritis and diarrhoea ...	10	17	—	—	—	5	2	20
28. Nephritis and nephrosis ...	11	15	1	—	—	1	9	15
29. Hyperplasia of prostate ...	18	—	—	—	—	—	1	17
30. Pregnancy, child birth, abortion ...	—	—	—	—	—	—	—	—
31. Congenital malformations ...	16	21	19	7	1	5	1	4
32. Other defined and ill-defined diseases...	163	245	53	4	2	24	79	246
33. Motor vehicle accidents ...	47	22	—	—	5	30	18	16
34. All other accidents	27	78	2	2	1	10	8	82
35. Suicide ...	25	22	—	—	—	18	16	13
36. Homicide and operations of war ...	—	2	1	—	—	1	—	—
All Causes ...	3,114	3,504	92	16	14	184	1,117	5,195

Deaths from Cancer: 1966

Sites	MALES									FEMALES									Total Males and Females	
	Age Groups									Total Males	Age Groups									Total Females
	0—	1—	5—	15—	25—	45—	65—	75—	0—		1—	5—	15—	25—	45—	65—	75—			
Stomach ...	— (—)	— (—)	— (—)	— (—)	2 (1)	12 (16)	24 (27)	25 (22)	63 (66)		— (—)	— (—)	— (—)	— (—)	7 (9)	18 (24)	32 (32)	57 (66)	120 (132)	
Lung, bronchus ...	— (—)	— (—)	— (—)	— (—)	1 (7)	85 (99)	105 (105)	51 (61)	242 (272)		— (—)	— (—)	— (—)	1 (2)	27 (18)	25 (23)	19 (21)	72 (64)	314 (336)	
Breast ...	— (—)	— (—)	— (—)	— (—)	— (—)	1 (—)	— (—)	— (—)	1 (—)		— (—)	— (—)	— (—)	9 (8)	47 (47)	44 (31)	46 (29)	146 (115)	147 (115)	
Uterus ...	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)		— (—)	— (—)	— (—)	1 (5)	20 (17)	6 (14)	6 (12)	33 (48)	33 (48)	
Other organs ...	— (—)	— (—)	1 (2)	2 (2)	12 (8)	90 (79)	108 (106)	126 (134)	339 (331)		— (—)	— (—)	1 (1)	9 (8)	85 (84)	85 (92)	144 (137)	324 (323)	663 (654)	
Leukaemia, aleukaemia ...	— (—)	1 (1)	1 (1)	— (1)	4 (1)	2 (2)	4 (2)	10 (8)	22 (16)		— (—)	— (—)	1 (—)	— (1)	5 (3)	5 (5)	8 (6)	19 (17)	41 (33)	
TOTALS ...	— (—)	1 (1)	2 (3)	2 (3)	19 (17)	190 (196)	241 (240)	212 (225)	667 (685)		— (—)	— (—)	2 (1)	20 (25)	191 (178)	183 (189)	255 (237)	651 (633)	1,318 (1,318)	

Note: The figures in brackets relate to 1965.

The Weather at Worthing: 1966

1966	Air temperature (deg. F.)							Rainfall		Sunshine	
	Highest max.	Lowest min.	Mean max.	Mean min.	Mean	Difference from average	Total (ins.)	Percentage of average	Total (hrs.)	Percentage of average	
January ...	49	22	41.6	35.6	38.6	—2.3	1.96	67	36.5	52	
February ...	52	32	46.9	40.9	43.9	+3.0	4.58	229	35.9	44	
March ...	55	31	50.5	38.6	44.5	+0.7	0.73	42	142.9	102	
April ...	63	32	51.9	42.9	47.4	—0.6	3.83	215	114.8	61	
May ...	71	39	60.5	47.8	54.1	+0.6	1.36	82	250.0	108	
June ...	81	46	67.0	55.3	61.1	+2.0	2.85	186	256.2	105	
July ...	76	48	67.6	55.1	61.3	—1.2	2.16	101	181.7	81	
August ...	76	46	67.5	54.9	61.2	—1.4	2.61	114	222.5	102	
September ...	72	45	66.5	53.4	59.9	+0.5	0.92	43	200.6	121	
October ...	66	40	59.1	49.7	54.4	+1.5	5.67	192	103.3	83	
November ...	59	30	49.2	39.5	44.3	+2.7	1.90	55	66.4	91	
December ...	53	27	48.7	38.2	43.5	+1.7	2.66	92	41.9	69	
Means or extremes	81	22	56.4	46.0	51.2	+0.2	31.23	114	1,652.7	91	

PART II—EPIDEMIOLOGY

Notifiable Diseases

The total number of notifications of infectious diseases was 3,231 compared with 1,618 in 1964 (in which year, as in 1966, there was no measles epidemic). There were 197 cases of dysentery, which was rather higher than the average for the last few years and 26 notifications of food poisoning, which was about average. Rubella was notifiable in the Worthing Rural District and 166 cases came to light during the year, compared with 381 in 1965.

During the year, four school children were notified to be suffering from respiratory tuberculosis. As a result of these notifications, investigations were carried out among contacts at an independent boarding school, an independent nursery school, a maintained primary and two secondary schools in the County. X-ray examination of the school staffs and all positive reactors to tuberculin testing showed no evidence of further cases.

No cases of anthrax, cholera, diphtheria, plague, poliomyelitis, relapsing fever, smallpox or typhus occurred during the year.

Public Health (Leprosy) Regulations, 1966

The *Public Health (Leprosy) Regulations, 1966* came into operation on 1st March, 1966. They provide for the notification by medical practitioners to district medical officers of health of all cases of leprosy, and for the transmission of this information by medical officers of health to the Chief Medical Officer of the Ministry of Health. During the year one case of tuberculoid leprosy was notified.

Venereal Disease

The report for 1963 drew attention to the increasingly serious national problem of venereal disease; the following figures show that the situation is not improving. The problem is mainly one of health education which must persist in trying to persuade people not to expose themselves to the dangers of contracting infection.

<i>Hospital</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other</i>
Royal West Sussex Hospital (St. Richard's), Chichester	4 (1)	14 (20)	108 (104)
Worthing Hospital	4 (9)	52 (37)	182 (168)
Royal Surrey County Hospital, Guildford	— (—)	— (—)	5 (—)
St. Helier Hospital, Carshalton	— (—)	— (—)	— (—)
St. Mary's Hospital, Portsmouth	— (1)	7 (7)	17 (31)
Redhill General Hospital	1 (—)	2 (2)	11 (12)
Royal Sussex County Hospital, Brighton	1 (4)	43 (37)	134 (126)
TOTALS	10 (15)	118 (103)	457 (441)

Note: The figures in brackets relate to 1965.

NOTIFICATION OF INFECTIOUS DISEASES: 1966

COUNTY DISTRICT	Acute encephalitis		Acute pneumonia	Acute poliomyelitis		Dysentery	Erysipelas	Food poisoning	Measles	Meningococcal infection	Ophthalmia neonatorum	Paratyphoid fever	Puerperal pyrexia	Scarlet fever	Tuberculosis		Typhoid fever	Whooping cough	TOTAL
	Infective	Post Infectious		Paralytic	Non Paralytic										Respiratory	Other			
Urban Districts																			
Arundel M.B.	—	—	—	—	—	—	—	—	36	—	—	—	—	4	—	—	—	—	40
Bognor Regis	—	—	—	—	—	3	—	8	279	—	—	—	—	1	6	—	—	—	297
Chichester M.B.	—	—	—	—	—	1	—	3	134	1	—	—	4	—	3	1	—	—	147
Crawley	—	—	—	—	—	155	—	1	152	—	—	—	26	13	11	4	10	—	372
Horsham	1	—	4	—	—	2	1	2	144	1	—	—	7	—	2	1	—	—	165
Littlehampton	—	1	—	—	—	—	3	—	250	—	—	—	—	15	—	—	—	—	269
Shoreham-by-Sea	1	—	—	—	—	—	—	1	15	—	—	—	7	6	2	—	1	2	35
Southwick	—	—	—	—	—	—	—	1	18	—	—	—	—	7	—	—	—	—	26
Worthing M.B.	—	—	2	—	—	1	1	—	386	3	—	—	3	29	5	—	1	8	439
Total Urban Districts	2	1	6	—	—	162	5	16	1,414	5	—	—	47	75	29	6	2	20	1,790
Rural Districts																			
Chancetonbury	—	—	2	—	—	1	1	—	83	—	—	2	1	9	—	1	—	1	101
Chichester	—	—	13	—	—	22	4	5	426	—	—	2	1	11	5	—	—	2	491
Horsham	—	—	1	—	—	9	—	1	168	—	—	—	—	2	—	—	—	—	181
Midhurst	—	—	—	—	—	—	—	—	170	—	—	—	—	—	—	—	—	—	170
Petworth	—	—	5	—	—	—	—	—	4	—	—	—	—	1	1	1	—	—	12
Worthing	—	—	—	—	—	3	2	4	277	—	—	—	14	11	2	—	—	6	319
Total Rural Districts	—	—	21	—	—	35	7	10	1,128	—	—	4	16	34	8	2	—	9	1,274
Total Administrative County	2	1	27	—	—	197	12	26	2,542	5	—	4	63	109	37	8	2	29	3,064
Total Administrative County 1965	—	1	20	1	—	41	15	72	6,017	1	2	1	86	86	57	6	2	66	6,474

Note: Notifications of rubella (166) and tuberculoid leprosy (1) are not shown in this table.

Vaccination and Immunisation

In 1966, immunisation appointments were made by the computer for children on the list of every general medical practice in West Sussex as well as for County clinics; the arrangements did not however apply in the Borough of Worthing. It will be seen from the table that there were further improvements in the immunity indices.

<i>Area</i>	<i>Children born in 1965 and vaccinated by 31st December, 1966</i>			<i>Children under two years vaccinated in 1966 as percentage of 1965 births</i>
	<i>Diphtheria (per cent)</i>	<i>Whooping cough (per cent)</i>	<i>Poliomyelitis (per cent)</i>	<i>Smallpox (per cent)</i>
West Sussex ... England & Wales	92 *	91 *	90 *	83 *
	<i>Children born in 1964 and vaccinated by 31st December, 1965</i>			<i>Children vaccinated in 1965 as percentage of 1964 births</i>
West Sussex ... England & Wales	88 71	88 70	87 65	76 33
	<i>Children born in 1963 and vaccinated by 31st December, 1964</i>			<i>Children vaccinated in 1964 as percentage of 1963 births</i>
West Sussex ... England & Wales	71 69	71 68	67 60	57 32

* Not available.

In the last Report the results were given of an analysis of the immunisation records of six general practices and two County clinics. These showed that over a period of a year the number of appointments made, as a percentage of the records of the practices or clinics in the computer, declined; at the beginning of the period, 33.5 appointments were made on average for every 100 records on the file but, at the end, only 18.7 appointments were made.

An analysis of the records for the whole County was carried out four times during the course of 1966 and the results are given in the following table. It will be seen that there was a steady fall in the percentage of appointments from 22.3 to 13.0. This is a measure of the disappearance of the backlog of work which had to be undertaken when the computer was introduced to process practice and clinic records and it accounts for the decline in the total number of primary courses of triple antigen given in 1966 compared with 1965.

<i>Date of analysis</i>	<i>Records on computer</i>	<i>Appointments made</i>	<i>Number of appointments made to records on computer</i>	<i>Percentage of appointments made to records on computer</i>
December, 1965	35,191	7,834	1 to 4.5	22.3
April, 1966 ...	40,987	8,630	1 to 4.7	21.1
July, 1966 ...	44,538	7,662	1 to 5.8	17.2
December, 1966	46,295	6,012	1 to 7.7	13.0

Although immunity indices have now risen to over 90 per cent, it is expected that they will continue to rise still further. An analysis of 25,984 appointments which were offered in April, May and June, 1966 is given in the following table.

	<i>Number</i>	<i>Percentage</i>
1. Appointments offered	25,984	100
2. Failed three appointments	1,161	4.5
3. Accounted for (<i>e.g.</i> moved, transferred to another clinic or doctor)	508	2.0
4. Net failures	653	2.5
5. Not accounted for	127	0.5
6. Offered second block of three appointments	526	2.0
7. Appointments accepted	416	1.6
8. Failed further three appointments—six in all	110	0.4
9. Accounted for—refused further treatment ...	17	0.07
10. Failed to attend, records suspended and parents written to	93	0.4

The foregoing table can be summarised as follows.

Initial appointments offered (<i>i.e.</i> line 1 — line 3)	25,476
Failed to attend after six appointments (<i>i.e.</i> line 5 + line 8) ...	237
Net success	25,239
Percentage success	99.07

It will be seen that, after three appointments, only 4.5 per cent of the patients had not received their immunisation. Of this group, 508 were accounted for and the net failures were 653. Of these, 416 attended after a further three appointments had been offered. Thus, of 25,476 patients who required to be immunised, only 237 did not attend, a success rate of 99.07 per cent.

There were 5,523 births in the County (*i.e.* excluding Worthing) and only 21 refusals were recorded after parents had been invited to have their babies protected against infectious disease.

At the invitation of the Department, I.B.M. United Kingdom Ltd. made a 16 mm. sound film in colour entitled *The Prevention of Disease*, which described what has been achieved in the management of vaccination and immunisation arrangements in the County using electronic data processing.

The last of the present series of conferences on *The Use of Computers in Health Administration* was held at County Hall on 23rd September, 1966. Senior officers from 15 authorities attended what proved to be a worth-while session. Through these occasional conferences, senior officers from nearly every major local health authority have been able to observe at first hand the way in which the computer plays such an important part in the Department's affairs.

The next three tables give details of the various immunisation procedures carried out by family doctors and at County clinics during 1966. Particulars of comparable figures for 1965 are also shown.

Diphtheria, Whooping Cough and Tetanus

<i>Type of Injection</i>	<i>By County Medical Staff</i>		<i>By General Practitioners</i>		TOTALS	
	<i>Primary Course</i>	<i>Reinforcing Injections</i>	<i>Primary Course</i>	<i>Reinforcing Injections</i>	<i>Primary Course</i>	<i>Reinforcing Injections</i>
Triple antigen ...	1,643 (1,813)	1,871 (1,597)	4,567 (5,088)	4,558 (4,214)	6,210 (6,901)	6,429 (5,811)
Diphtheria	— (—)	142 (113)	— (—)	— (3)	— (—)	142 (116)
Diphtheria and whooping cough ...	— (—)	— (—)	— (—)	1 (2)	— (—)	1 (2)
Diphtheria and tetanus	129 (234)	3,776 (2,126)	170 (451)	8,396 (6,690)	299 (685)	12,172 (8,816)
Quadruple vaccine ...	— (—)	— (—)	15 (102)	42 (73)	15 (102)	42 (73)
Tetanus ...	156	—	11	—	167	—
TOTALS	1,928 (2,047)	5,789 (3,836)	4,763 (5,641)	12,997 (10,982)	6,691 (7,688)	18,786 (14,818)
Percentage variation during 1966	—6	+51	—16	+18	—13	+27

Note: The figures in brackets relate to 1965.

Poliomyelitis

<i>Age Group</i>	<i>Primary Vaccination (3 doses Sabin oral; 2 injections Salk; or 3 injections quadruple)</i>		<i>Reinforcing Vaccination (4th dose Sabin oral; 3rd or 4th injection Salk; or 4th injection quadruple)</i>	
	<i>By County Medical Staff</i>	<i>By General Practitioners</i>	<i>By County Medical Staff</i>	<i>By General Practitioners</i>
Children born 1966	825	2,307	—	—
Children born 1965	1,225	3,047	852	2,142
Children born 1964	123	288	737	1,691
Children born 1963	59	141	159	306
Children born 1959-62 ...	217	401	2,344	4,617
Others under 16	89	184	273	610
TOTALS ...	2,538 (2,141)	6,368 (5,721)	4,365 (1,615)	9,366 (5,080)
Percentage variation during 1966	+19	+11	+170	+84

Note: The figures in brackets relate to 1965.

Smallpox

<i>Age Group</i>	<i>Number Vaccinated</i>			<i>Number Re-vaccinated</i>		
	<i>By County Medical Staff</i>	<i>By General Practition- ers</i>	TOTALS	<i>By County Medical Staff</i>	<i>By General Practition- ers</i>	TOTALS
Under 1 year	17 (9)	96 (123)	113 (132)	— (—)	— (—)	— (—)
1 year ...	1,526 (1,304)	3,733 (3,582)	5,259 (4,886)	— (—)	3 (1)	3 (1)
2-4 years	290 (227)	655 (646)	945 (873)	1 (2)	51 (31)	52 (33)
5-15 years	31 (16)	186 (117)	217 (133)	672 (121)	2,166 (813)	2,838 (934)
TOTALS	1,864 (1,556)	4,670 (4,468)	6,534 (6,024)	673 (123)	2,220 (845)	2,893 (968)
Percentage variation during 1966	+20	+5	+8	+447	+163	+199

Note: The figures in brackets relate to 1965.

The Worthing Dispute

In Worthing the vaccination and immunisation functions of the County Council have been delegated to the Borough Council under the provisions of the *Local Government Act, 1958*. Previous Reports have referred to the Borough's decision not to allow the new developments to be used for the benefit of children living in Worthing and have contained an account of the negotiations between the two authorities.

At a meeting of the Worthing Health and Welfare Committee held on 8th March, 1966

The Town Clerk submitted a letter dated 4th March from the Clerk of the West Sussex County Council conveying the decision of the County Council at its meeting held on the 25th February to refer this matter to the Minister of Health with a view to an Order being made under the provisions of Section 49 of the *Local Government Act, 1958* declaring the Borough Council to be in default and to direct compliance with the Article 6 regulation. The Clerk of the County Council intimated, however, that it might be advantageous if a final meeting between representatives of the two authorities were held to try to reconcile the opposing points of view before referring the matter to the Ministry of Health.

RESOLVED, that the Town Clerk make arrangements for the Chairman and appropriate Officers to meet representatives of the County Council.

This meeting took place on 22nd March, 1966. No agreement was reached and the matter was accordingly referred to the Ministry of Health by the Clerk of the County Council by letter dated 4th April, 1966. The Borough Council thereupon obtained Counsel's opinion and, acting on his advice, resolved to commence proceedings in the High Court in order to obtain a declaration of their rights under the Scheme of Delegation. In the light of the Borough Council's decision, the Minister of Health suggested that the matter might be more conveniently and expeditiously dealt with if referred to arbitration by a Queen's Counsel and on 21st October, 1966 the County Health Committee agreed with the Minister's suggestion, subject to the arbitrator's decision being final.

At a meeting of the Nursing Sub-Committee held on 30th December, 1966 the Clerk of the County Council reported that

- (i) the Worthing Borough Council had rejected the suggestion of the Minister;
- (ii) the Borough Council wished the matter to be determined by the High Court;
- (iii) an originating summons in the Chancery Division had been served; and that
- (iv) in accordance with the decision of the County Health Committee, Counsel's opinion had been obtained and that this was in the main favourable to the County Council on the merits of the case.

The Clerk of the County Council further reported, however, that since the matter in dispute first arose, some two years ago, there had been several changes in the situation which made it clear that there would be little advantage in forcing the issue to a conclusion. The establishment of the Royal Commission on Local Government was almost certain to lead to some alteration in the pattern of responsibility. In the event of the County Council succeeding in the first instance, the matter would undoubtedly go to appeal and, in view of the length of time which would elapse by the time the case reached finality, some indication of the future changes likely to result from the activities of the Royal Commission might be expected by then. The Seebohm Committee would also be reporting in due course on the future pattern of the social services.

Having regard to the above factors and following consultation with the Chairman of the County Health Committee, the Chairman of the County Council and the Clerk had met the Mayor and Town Clerk of Worthing in order to see whether some alternative to expensive litigation might be found. As a result, it was agreed to recommend jointly that the Borough Council should discontinue proceedings on the originating summons and that the County Council should withdraw the regulation which gave rise to it, each party maintaining its position on the merits of its case. This recommendation was subsequently approved by both authorities.

Measles Vaccination

By Circular 6/66 dated 21st February, 1966, the Ministry of Health informed local health authorities of a recent trial of measles vaccines, reference to which was made in the last Report. The Minister, having had regard to the views of the Joint Committee on Vaccination and Immunisation of the Central and Scottish Health Services Council, did not suggest that authorities generally should seek to make arrangements to offer measles vaccination at the present time.

The circular from the Ministry was considered by the West Sussex Local Medical Committee and it was agreed that vaccination against measles should not at present be included in the current schedule of immunisations; the Committee were of the opinion that, when parents asked for their children to be vaccinated against measles, this should be undertaken by the general medical practitioner and that the vaccine should be obtained on prescription by the doctor concerned. These suggestions were approved on behalf of the County Council.

**PART III—CARE OF MOTHERS
AND YOUNG CHILDREN**

Ante-natal and Post-natal Care

Details of attendances during the last two years, given below, show that there was little change in the volume of work.

	1965	1966
Number of ante-natal clinics provided at end of year	9	9
Number of sessions held a month	30	31
Number of women in attendance:		
(i) for ante-natal examination	1,127	1,121
(ii) for post-natal examination	284	241

Child Welfare Centres

The number of child welfare centres operating at the end of the year was 50. There was little change in the total numbers of children who attended.

At one clinic an appointment system for the mothers was started and, in view of its success, similar arrangements will be introduced at other clinics where possible. Advantages are that the time parents have to wait is reduced and that of the medical officer is fully utilised. The time allowed was ten minutes for a full examination of an infant and five minutes to check minor points.

The numbers of children of various ages who attended the clinics during 1965 and 1966 are given below.

1965				1966			
<i>Born in</i>				<i>Born in</i>			
1965	...	...	4,581	1966	...	...	4,252
1964	...	...	4,139	1965	...	...	4,099
1960-1963	...		4,141	1961-1964	...		4,367
TOTAL			12,861	TOTAL			12,718

Weighing Centres

The numbers of children who attended weighing centres during 1965 and 1966 are given below.

1965				1966			
<i>Born in</i>				<i>Born in</i>			
1965	...	...	533	1966	...	...	535
1964	...	...	513	1965	...	...	584
1960-1963	...		684	1961-1964	...		856
TOTAL			1,730	TOTAL			1,975

Health visitors give advice at these centres about infant care to groups which are too small to justify the regular attendance of a medical officer.

Family Planning Clinics

The table shows that there were substantial increases in the numbers of new cases and in the total attendances at family planning clinics.

Clinic	New cases		Total attendances	
	1965	1966	1965	1966
Bognor Regis	168	251	897	1,472
Chichester	192	197	734	1,154
Crawley	482	565	1,163	6,165
Horsham	273	660	1,826	2,918
Midhurst	34	32	225	270
Shoreham-by-Sea	33	13	116	75
Worthing	336	389	1,347	2,554
TOTALS	1,518	2,107	6,308	14,608

In February, 1966 the Minister of Health (by Circular 5/66) urged local health authorities to review their present arrangements for family planning. As a result, the County Council approved a recommendation

that financial responsibility should be accepted from 1st January, 1967 for the cost to the Family Planning Association of advice and treatment (including supplies) given to women for whom pregnancy would be detrimental to health.

After discussion with the Family Planning Association, the County Council decided that the criteria defining women for whom pregnancy would be detrimental to health should be

- (a) a woman for 12 months after the birth of a child; a woman after the birth of a fifth child;
- (b) any woman who suffers from a specific medical condition, gynaecological or otherwise, which would render pregnancy dangerous;
- (c) any woman whose general health would be caused to suffer by reason of a mental, physical or social burden placed on her by pregnancy; and
- (d) any unmarried mother.

Mothercraft and Relaxation Classes

Mothercraft and relaxation classes for expectant mothers and classes in post-natal exercises were held at the ten centres shown in the following table which also gives particulars of the numbers of attendances made in 1965 and 1966. Physiotherapists took charge of some of the classes; others were run by midwives or health visitors.

Area					Sessions held	Total number of attendances	
						1965	1966
Bognor Regis	...	...	...	...	Weekly	323	319
Chichester	...	...	...	...	Weekly (a)	1,562	1,608
Crawley	...	...	...	...	Weekly	1,032	679
Horsham	...	...	...	...	Weekly	1,322	1,316
Langley Green	...	...	...	...	Weekly (b)	135	258
Midhurst	...	...	...	...	Fortnightly(c)	102	71
Roffey	...	...	...	...	Weekly	196	186
Selsey	...	...	...	...	(d)	83	30
Shoreham-by-Sea	...	...	...	...	Weekly	277	226
Worthing	...	...	...	...	Weekly	—	36
TOTALS	...	...	...	...	...	5,032	4,729

- (a) One mothercraft and two relaxation classes each week.
- (b) None after 15th September, 1966.
- (c) None after 10th July, 1966.
- (d) As required; none after 23rd February, 1966.

Welfare Foods

At the request of the Ministry of Health, the Council continued to arrange the distribution of welfare foods to expectant and nursing mothers and children under five years of age. A total of 93 distribution centres were in operation at the end of the year; 12 of these were main centres situated in the towns and 81 were sub-centres at clinics, private houses and local stores.

The following table shows the quantities of welfare foods issued to beneficiaries during the year.

<i>Year</i>	<i>National dried milk (tins)</i>	<i>Cod liver oil (bottles)</i>	<i>Vitamins A and D tablets (packets)</i>	<i>Orange juice (bottles)</i>
1966	37,547 (722)	5,914 (113)	6,355 (122)	116,094 (2,232)

Note: The figures in brackets indicate average weekly distribution.

The Women's Royal Voluntary Service were responsible for the distribution of the foods at all main centres (eight of which are on their premises) and at 21 sub-centres. The value of the sales was £13,751, which was some £2,000 less than in 1965.

Proprietary Foods and Medicaments

Infant proprietary foods and medicaments were sold at infant welfare clinics throughout the County at cost price plus a ten-per-cent handling charge. The cost of purchases fell from £17,714 in 1965 to £13,394 in 1966.

A change in policy was introduced in November, 1966. This was designed to limit the large range of foods available and to allow staff time to be used more effectively.

Care of the Unmarried Mother and her Child

Financial aid was given by the Council towards the funds of the Chichester Diocesan Moral Welfare Association and the Southwark Catholic Children's Society who undertake the care of unmarried mothers in West Sussex through their own officers working in co-operation with the County nursing staff. A small financial contribution was also made in support of the work of the National Council for the Unmarried Mother and her Child.

During the year the Chichester Diocesan Moral Welfare Association dealt with 283 new applications for assistance and the Southwark Catholic Children's Society with 23. Cases referred to the Department for financial assistance towards the maintenance of unmarried mothers at mother and baby homes numbered 77, 25 more than in 1965.

Congenital Malformations

There were 108 births in which a congenital malformation was observed and notified on the birth notification card. In 14 of these, the babies were stillborn. The total number of congenital malformations described was 119.

Dental Care

A total of 562 expectant and nursing mothers and young children were examined, 407 needed treatment and 247 were made dentally fit. In children between the ages of 4 and 5 years, the D.M.F. rate (decayed, missing and filled teeth per child) was 3.6, the same as in 1965.

Information on the dental care of school children is given in Part IX of the Report.

Midwifery

The number of midwives practising in the County at the end of the year was 199. Of these, a whole-time equivalent of 34.2 were employed by the County Council (21 whole-time and 52 part-time), 10 were in private practice and 116 were employed by Hospital Management Committees.

The trend towards an increase in the number of hospital deliveries continued. The total number of births was 6,446 and, of these, 5,160 (80 per cent) were hospital deliveries and 1,286 (20 per cent) were delivered at home. Of the latter number, a doctor was not booked in only 11 cases compared with 18 in 1965.

In 1966, 244 women who were booked for a domiciliary confinement had to be delivered in hospital. Medical aid was summoned by domiciliary midwives on 119 occasions, 121 fewer than in 1965. In all but one case, the medical practitioner had already arranged to provide the patient with maternity medical services under the National Health Service.

Details of the number of domiciliary confinements attended by County Council midwives during 1966 are given below.

<i>Doctor not booked</i>	<i>Doctor booked</i>	TOTAL
11 (18)	1,261 (1,442)	1,272 (1,460)

Note: The figures in brackets relate to 1965.

There were 63 notifications of puerperal pyrexia, 23 fewer than the previous year. Two occurred in women confined at home; all the others were in cases confined in hospital.

The Crawley scheme in which the County Council's midwives delivered their own cases, suitably selected, in the general practitioner unit at Crawley Hospital continued to be successful and attracted considerable attention in other parts of the country; 144 women were delivered under these arrangements during 1966. Towards the end of the year, similar arrangements were made with the South West Metropolitan Regional Hospital Board for domiciliary midwives to deliver their cases at the general practitioner units at Worthing and Haslemere hospitals. So far, arrangements have not been made for midwives to deliver cases in consultant units.

The fact that only 20 per cent of deliveries in West Sussex take place at home poses a problem in the provision of domiciliary midwifery. If midwives deliver too few cases and become maternity nurses, they may lose their skill and indeed their interest in the work. As this is particularly relevant in rural areas, the work of the rural staff was examined and, where practicable, re-organised so as to reduce the number of midwives and increase their case loads.

To enable pupil midwives at Crawley to attend the requisite number of domiciliary confinements in order to complete their training, midwives in Bognor Regis and Lancing were approved as teaching midwives and arrangements were made for pupils to live in these areas while undertaking their practical work.

Health Visiting

Particulars of the staff employed are given in the table on page 79. Ten students received training; of these, four successfully completed the course and the other six were still in training at the end of the year.

The new syllabus for the health visitors' examination was introduced by the Council for the Training of Health Visitors in September, 1965. Six students from Brighton Technical College and the University of Surrey (formerly Battersea Technical College) were seconded to work under the supervision of health visitors in Crawley and Horsham. Two health visitors took the field work instructors' course and six attended refresher courses during the year.

Details of the main types of cases visited by health visitors during the year are given below.

<i>Type of case</i>					<i>Number of cases visited</i>	
Children born in 1966	...	...	...	...	6,912	
Children born in 1965	...	...	...	...	6,522	
Children born in 1961-64	...	...	...	...	13,463	
					1965	1966
Children under the age of 5 years	...	...	...	...	27,679	26,897
Persons aged 65 or over	...	...	...	...	4,084	4,709
					(2,184)	(2,267)
Mentally disordered persons	...	...	...	...	144	149
					(94)	(84)
Persons discharged from hospital other than maternity or mental cases	...	...	...	...	596	509
					(420)	(383)
Tuberculous households visited	...	...	...	...	329	163
Households visited on account of other infectious diseases	...	...	...	...	640	282

Note: The figures in brackets denote the number of persons visited at the special request of a general practitioner or hospital.

It will be seen that there was little change in the number of cases visited. This is particularly disappointing as regards persons aged 65 or over and to some extent these figures do not reflect the increased attention which has been paid by some health visitors to geriatric visiting. An analysis of the work of 29 health visitors employed in the urban areas of the south coast showed that the number of visits paid to old people (4,061 in 1964) had increased by 55 per cent during the past two years.

Geriatric visiting tends to fluctuate, partly because of differing degrees of enthusiasm for this work by individual health visitors and partly because of the varying encouragement they receive in the practices to which they are attached. There is no doubt, however, that the importance of the work is understood by the staff and it is expected that there will be a steady and substantial increase in the visiting of old people over the next few years.

PART IV—PREVENTION OF ILLNESS, CARE AND AFTER CARE

Health Education

The appointment of a technical assistant at the end of 1965 enabled more visual aids to be produced specifically for the Department's own requirements; many of these aids were of a high standard. An assistant health education organiser was seconded in October, 1966 to take the Diploma of the University of London Institute of Education in Content and Methods of Health Education.

Talks by the health education staff numbered 476 and 506 films were shown; the corresponding figures in 1965 were 370 and 319 respectively. There were 962 loans of visual aids. Health visitors attended the following health education sessions.

						1965	1966
Ante-natal mothercraft and relaxation classes...						319	342
Mothers' clubs						337	265
Schools						273	211
Youth clubs						67	38
Others						259	278
TOTALS						1,255	1,134

The annual refresher course for nurses was again held at the Council's residential conference centre, Lodge Hill, Pulborough, in April. Lectures were given on various aspects of public health work and the discussion sessions again proved popular.

Mass Radiography

The Mass Radiography Unit from Portsmouth continued its visits to many places throughout the County during 1966 and the Surrey Mass Radiography Unit continued to visit Crawley every week. A number of West Sussex cases were also seen at the Brighton Unit, but no separate record of these patients was kept by the Unit.

	Number X-rayed			*Significant pulmonary tuberculosis		Primary lung cancer	
	Male	Female	Totals	Male	Female	Male	Female
General practitioners' chest X-ray service: Portsmouth Unit Surrey Unit ...				†	†	†	†
	3,710	2,998	6,708	3	7	59	9
	509	559	1,068	1	1	2	1
General public and factory groups: Portsmouth Unit Surrey Unit ...	13,942	15,048	28,990	2	2	10	2
	1,745	1,366	3,111	—	—	—	—
TOTALS ...	19,906	19,971	39,877	6	10	71	12

* i.e. cases requiring treatment and/or close clinic supervision.
† Does not include all results for last quarter.

Medical Arrangements for Long-Stay Immigrants

The arrangements outlined in the last Report for visiting immigrants in their new homes were continued in 1966. By the end of the year, the Department had received 177 advice notes about immigrants who had arrived in the County, 187 fewer than in 1965.

Immigrants from European countries numbered 102; there were 74 from Commonwealth countries and one from elsewhere. The health visitors were unable to trace seven of the new arrivals; five of them were unknown at the destination addresses given and two were reported to have returned to their own country before they could be visited.

Tuberculosis

Chest Clinic Statistics

The details in the next table were supplied by the chest physicians and give an account of the work of the chest clinics. At the end of the year, the total numbers of patients on the registers of the clinics in the four areas showed a reduction of 258 (446 compared with 704 in 1965). New patients first examined totalled 2,068 (a decrease of 6.1 per cent compared with 1965) and, of these, 43 (56 in 1965) were found to be suffering from tuberculosis.

	<i>Chest Clinics</i>			
	<i>Chichester</i>	<i>Crawley</i>	<i>Horsham</i>	<i>Worthing</i>
1. Population of area served ...	157,640	61,290	50,890	180,350
2. Patients on register on 1.1.66 ...	243	230	133	98
3. Additions to register:				
(a) New notifications ...	23	12	4	8
(b) Moved into area ...	5	1	3	1
(c) Restored to register ...	3	1	—	1
4. Removed from register:				
(a) Recovered ...	23	149	47	47
(b) Left area or lost sight of ...	4	1	27	6
(c) Died ...	6	—	4	6*
5. Patients on register on 31.12.66	241	94	62	49
6. (a) New patients first examined	728	245	354	741
(b) Of these, number found to be tuberculous ...	23	8	4	8
7. (a) Contacts examined, including those of 6 (b) ...	262	86	75	60
(b) Of these, number found to be tuberculous ...	1	4	—	—

* None due to tuberculosis.

B.C.G. Vaccination

The vaccination against tuberculosis of children aged 13 years and over was continued. The following table shows the numbers of children skin-tested and vaccinated in each of the ten years since 1957.

<i>Year</i>	<i>Number skin-tested</i>	<i>Number positive</i>	<i>Percentage positive</i>	<i>Number negative</i>	<i>Number vaccinated</i>
1957	2,787	675	24.2	2,044	2,040
1958	2,124	289	13.6	1,803	1,785
1959	1,756	250	14.2	1,475	1,471
1960	1,284	120	9.4	1,164	1,158
1961	2,358	192	8.2	2,103	2,097
1962	6,767	656	9.7	5,889	5,863
1963	6,222	483	7.8	5,459	5,430
1964	4,166	250	6.0	3,801	3,765
1965	4,231	294	6.9	3,745	3,632
1966	5,214	350	6.7	4,767	4,731

Discharge from Hospital

The arrangements for hospitals to notify the Department of the after-care needs of patients discharged to addresses in the County were continued and 296 requests were received from local hospitals, 59 fewer than in 1965. The majority of requests (217) were from hospitals in the Chichester area. All but 24 of the requests were for the services of a home nurse.

Home Nursing

Staff

Particulars of the staff employed are given in the table on page 79. Following discussion with the matron of Crawley Hospital and with the Director of Education of the Queen’s Institute of District Nursing, it was agreed that the County Council, in co-operation with Crawley Hospital, should participate in an integrated scheme incorporating practical instruction in district nursing within the basic training for state enrolled nurses.

Work Undertaken

The numbers of patients treated and the visits paid during the past two years are given below.

	1965	1966
Total number of persons nursed during year	13,000	12,516
Number of persons under 5 years ...	442	439
Number of persons over 65 years ...	7,952	8,019
Total number of visits	294,194	295,108

It will be seen that there was a small decline in the number of patients treated and a small increase in the total number of visits paid. The percentage of patients visited who were over the age of 65 years increased to 66 per cent from 61 per cent in 1965.

Night Nursing

In the Report for 1965, hope was expressed that a panel of nurses would be established who would be willing to undertake occasional night nursing. By the end of 1966, eight nurses, including two males, had been recruited for this purpose.

During the year, 40 applications for night nursing were received either from the County nursing staff or from the general medical practitioner in attendance. Of these, 27 patients were cared for by nurses recruited to the panel and eight by nurses from nurses agencies. Of the remaining five patients, three died before the nurse arrived, one was removed to hospital, and in the other case private arrangements were made by a relative.

Night-Sitter Service

The approval of the Minister of Health was obtained to a modification of the County Council's approved proposals under Section 28 of the *National Health Service Act, 1946* in the following terms.

“The Council may provide, either directly or otherwise, a night-sitter service for persons suffering from illness, and may recover from persons availing themselves of this such charges (if any) as the Council consider reasonable.”

These new powers had not been used by the end of the year.

Equipment

The demand for equipment to facilitate the nursing of patients in their own homes increased at a diminished rate during 1966; the increase in the number of issues in 1965 compared with 1964 was 70.5 per cent and in 1966 compared with 1965 27.8 per cent.

More than twice as many issues were made in 1966 than in 1964 — 2,599 items in 1966 compared with 1,192 in 1964.

Article	Stock		Number of issues		Article	Stock		Number of issues	
	1965	1966	1965	1966		1965	1966	1965	1966
Back rests ...	53	75	85	124	Helping hands ...	40	55	15	22
Bath boards ...	34	34	17	15	Hoists:				
Bath mats ...	50	132	43	91	Hydraulic ...	20	25	39	32
Bath safety rails ...	50	97	65	71	King ...	21	21	13	6
Bath seats ...	91	131	86	98	Inflatable mattresses ...	15	19	15	9
Beds ...	59	60	62	58	Mattresses ...	76	76	76	69
Bed blocks ...	8	26	13	12	Poles and chains	31	33	35	43
Bed cradles ...	86	109	113	137	Sanicushions ...	12	12	2	1
Bed ladders ...	44	44	12	18	Sanitary pushchairs ...	5	9	3	13
Bed pans ...	84	122	70	94	Seat aids ...	10	13	16	17
Commodes ...	222	316	363	437	Toilet seats (raised) ...	20	27	14	18
Crutches ...	70	111	60	80	Urinals ...	42	105	49	68
Dunlopillo rings	130	190	86	120	Walking aids:				
Ejector seats ...	12	12	11	5	Sticks ...	166	194	131	141
Exercycles ...	3	3	3	2	Frames ...	198	269	230	274
Fracture boards ...	28	34	21	24	Wheelchairs ...	166	261	280	335

Home Help Service

At the end of the year, the County Home Help Organiser was assisted by three area organisers and seven assistant organisers (one full-time and six half-time) based at Chichester, Horsham and Shoreham-by-Sea. There was also an organiser and an assistant in Worthing, where the scheme was administered by the Borough Council.

At the end of the year, 438 home helps, including one full-time help, were employed and worked a total of 383,177 hours, which gave an average of 2.0 hours a case a week, compared with 1.9 in 1965. The gross expenditure on the home help service amounted to £117,036 with an income of £18,815. Although the number of home helps employed was 60 fewer than in 1965, recruitment improved in most areas following the introduction of the selective employment tax on 5th September, 1966 when fewer part-time jobs became available for women.

Area meetings and the three-day training course for home helps (first introduced in November, 1965) continued during the year in various parts of the County.

A mobile van equipped with essential cleaning materials, including a washing machine and spin drier, was brought into use during May. It was driven by a full-time help who performed valuable work in rural areas and assisted people who might otherwise have been left without help because of the difficulty of staff recruitment.

The number of persons helped rose from 3,604 in 1965 to 3,771 in 1966, an increase of 4.6 per cent; persons helped who were over the age of 65 years rose by 5.6 per cent. There was a small increase in the use of the neighbourly help scheme during 1966; 77 persons received help compared with 70 during 1965.

Category	Number of Persons Helped				
	1962	1963	1964	1965	1966
Aged 65 years and over ...	} 1,952 {	2,362	2,635	2,970	3,135
Chronic sick and tuberculous ...		158	174	143	156
Mentally disordered ...		9	12	14	11
Maternity ...		249	163	201	161
Others ...		562	358	276	308
TOTALS ...	2,763	3,070	3,342	3,604	3,771

Chiropody

The recruitment of two additional chiropodists (which brought the whole-time staff equivalent to 7.1) enabled the number of sessions held in 1966 to be increased to 2,238, compared with 1,676 in 1965.

The mobile chiropody unit was brought into trial use in April, 1966 in the Midhurst area of the County and initially four weekly clinics were operated from the unit; the trial showed that minor adaptations were required. Before the area in which the unit operated was extended, old people's clubs in the rural areas of the County were invited, through the

West Sussex Committee for the Elderly, to inform the Department where there were numbers of old people in the villages who needed treatment. The information obtained was useful in planning the extension of the service. From September, 1966 patients were treated by the mobile unit in 21 centres in various parts of the County; 15 of these were located in the grounds of primary schools.

A summary of the development of the directly-provided service since its inception in May, 1962 is given in the next table.

Year	Treatments			Percentage free
	Clinic	Domiciliary	Total	
1962*	2,081	—	2,081	43
1963	5,633	—	5,633	43
1964	8,393	211	8,604	39
1965	11,099	1,928	13,027	39
1966	14,925	1,996	16,921	35

*Eight months only.

In addition, chiropody was undertaken by 13 voluntary organisations, each of which received financial support from the County Council. These organisations provided 279 chiropody sessions which were attended by 1,975 patients.

Geriatrics

By letter dated 11th October, 1966 the Ministry of Health approved a modification of the County Council's approved proposals under Section 28 of the *National Health Service Act, 1946* by the addition of the following paragraph.

"The County Council may provide, directly or otherwise, in the Council's health clinics or elsewhere, non-therapeutic clinics for the medical examination and advice of elderly persons."

Towards the end of the year steps were being taken to establish weekly clinics in Bognor Regis and Littlehampton. The clinics will be concerned mainly with the early detection of unsuspected conditions in retired people who are generally in good health and with giving advice about social problems such as housing, financial matters, diet, hobbies and social activities. The purpose of the clinics will be to apply the principles of prevention so as to reduce the incidence of those physical defects and social problems which accompany advancing age.

The continuing pressures on the services in the Worthing area for which Dr. R. B. Franks, consultant physician in geriatric medicine, was responsible remained great as will be seen from the following statistical summaries.

						1964	1965	1966
Applications:	Male ...	...	...	...	...	325	299	292
	Female	...	...	...	...	623	546	565
TOTALS						948	845	857
Domiciliary assessment visits by consultant or registrar						719	640	682
Average number of hospital beds available for the year						260	254	258
Admissions from waiting list						593	506	419
Discharges home or to private or welfare accommodation (Short-stay discharges included in this figure)						275 (70)	242 (110)	217 (112)
Transfers to geriatric beds in other groups						9	6	4
Transfers to mental hospital						6	3	2
Transfers to acute hospital beds						19	20	15
Deaths in hospital						291	242	186
Total of discharges, transfers out and deaths...						600	513	424
Discharges, transfers out and deaths per available bed per year						2.3	2.0	1.6
Average length of stay in hospital in months...						5.2	5.9	7.3
Geriatric outpatients seen in clinics						220	294	245

The next table shows the numbers of patients on the waiting lists at the end of 1965 and 1966.

Type of List		Males	Females	TOTALS
A*	...	28 (28)	91 (60)	119 (88)
B†	...	7 (5)	23 (18)	30 (23)
Short Stay	...	3 (3)	8 (11)	11 (14)
Other Hospital Groups	...	3 (1)	2 (4)	5 (5)
TOTALS	...	41 (37)	124 (93)	165 (130)

*In need of admission.

†Can be nursed at home or in a nursing home for the time being.

Note: The figures in brackets relate to 1965.

County Almoners

Of the 1,133 patients referred to the County Almoners during the year, 559 were over the age of 60 years and 241 over 80 years, thus reflecting the continuing problems of the elderly. In many cases, temporary or permanent care was arranged in private rest and nursing homes because of the long waiting list for hospital geriatric beds and old people's homes.

The younger chronic sick in the age group 40 to 60 years and the frail elderly who require something between full hospital care and an old people's home also presented problems difficult of solution. Among these were a number suffering from chronic bronchitis who had no relative to care for them. For those who remained at home, all possible help was given both to the patients and their relatives, sometimes over long periods.

The National Society for Cancer Relief made grants totalling £3,846, mainly in the form of weekly allowances, and the Marie Curie Memorial Foundation gave over £1,200 towards nursing home fees and the care of terminal cases. It seems likely that the need for voluntary help will continue as there will always be cases which require assistance which cannot be provided by statutory means.

Recuperative holidays were arranged for 145 patients under the County Council's scheme; in some cases arrangements were made privately or through voluntary agencies. Underlying some requests for recuperative holidays there were acute social problems; in these cases the holiday could be regarded as a preventive measure to avoid further deterioration or complete breakdown.

Occupational Therapy

A general account of the work of the occupational therapist has been given in earlier editions of the Report; there was little new development during 1966.

			1965	1966
Number of new patients	...	...	24	24
Number of patients visited	...	...	90	96
Number of visits made	...	...	741	760
Value of materials sold	...	...	£284	£300

Ascertainment Surveys

Diabetes

Previous editions of the Report have given particulars of a *Diabetic Survey of a Semi-Rural Group Practice* carried out between July, 1963 and May, 1964 by Dr. F. Cockcroft, Medical Officer of Health of the Rural District of Worthing, in collaboration with a group of general medical practitioners.

During 1966, 427 persons in the "at risk" group were followed up. For various reasons, no further action could be taken in 144 cases. Of the remaining 283, 240 were negative on urine testing and 42 were positive. At the end of the year, 37 of these 42 positive cases had been referred to hospital for glucose tolerance tests and two were found to be suffering from diabetes. Dr. Cockcroft commented:

“There are two conclusions which so far occur to me. First, that we found fewer diabetics in this group practice than we expected and, secondly, that it has taken a great deal of time and trouble for a very small result.”

Cervical Cytology

By letter dated 10th June, 1966 the Ministry of Health approved a modification of the County Council's approved proposals under Section 28 of the *National Health Service Act, 1946* by the addition of the following paragraph.

“The Council may provide, either directly or otherwise, a service for the collection of cervical smears for cytological diagnostic investigation by hospital authorities and, subject to the approval of the Minister of Health, may also similarly provide screening services for the early detection of other diseases.”

By letter dated 22nd July, 1966 the Ministry of Health empowered the County Council to undertake breast examinations and, at the end of the year, plans were being made to use the computer to make appointments for women over the age of 35 years at a rate which will be governed by the capacity of the laboratories to screen smears.

Phenylketonuria

Babies continued to be tested for phenylketonuria at the age of six weeks; no cases were found in 1966.

Sussex Rural Community Council

The work of the Community Council continued as in previous years and was supported by a grant from the County Council. A total of 124 patients suffering from chest disease received help of various kinds during the year, compared with 116 in 1965.

PART V—AMBULANCE SERVICE

Development

Five new stations (at Bognor Regis, Chichester, Pulborough, Shoreham-by-Sea and Worthing) came into operational use during 1966. At the end of the year, the station at Littlehampton was nearing completion and the building of the Horsham station had started. A photograph of the new control station at Chichester appears as a frontispiece to the Report and a sketch plan of the building is shown on page 38.

Arrangements for the central control of ambulances and hospital cars were introduced in two stages over a period of three months; with the co-operation of the General Post Office, the changes were brought about with little inconvenience either to the users of the service or to the staff. The advantages of the new arrangements soon became apparent and experiments to reduce mileage and abortive journeys achieved some success.

AMBULANCE STATION AND CONTROL

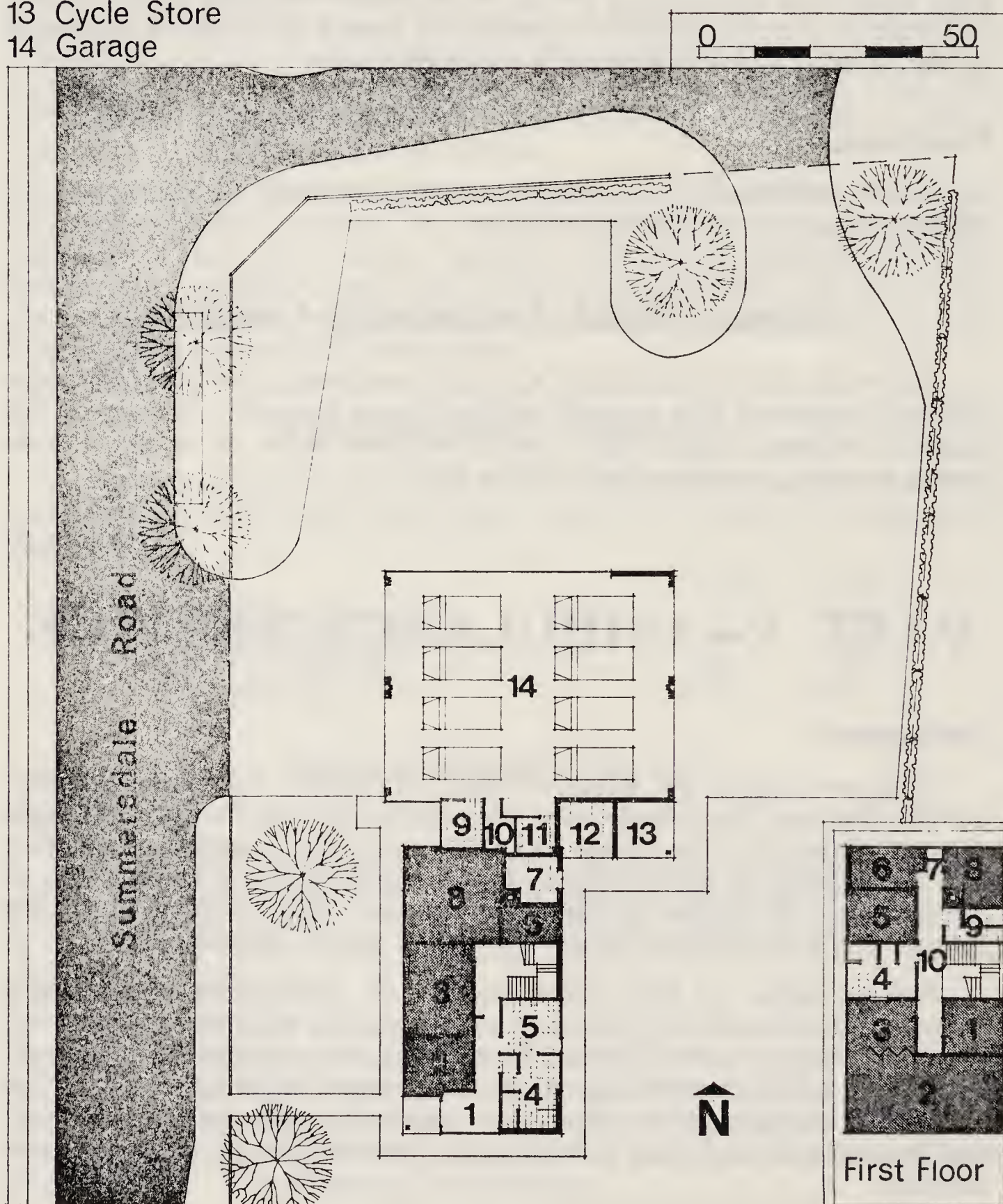
CHICHESTER

GROUND FLOOR

- 1 Entrance
- 2 Control
- 3 Control
- 4 Male Lavatories/Shower
- 5 Male Locker Room
- 6 Station Officer
- 7 Boiler Room
- 8 Duty Room
- 9 Sluice Room
- 10 Radio Lobby
- 11 Oil Store
- 12 Oil Tank Store
- 13 Cycle Store
- 14 Garage

FIRST FLOOR

- 1 County Store
- 2 Lecture Hall
- 3 Mess
- 4 Kitchen
- 5 Training
- 6 Staff Officer
- 7 Store
- 8 Station Store
- 9 Female Lavatory
- 10 Landing



Despite the outposting of ambulances, rapid attendance of vehicles at accidents and emergencies became more of a problem during the peak holiday period because of traffic congestion.

Statistics

The accompanying statistical tables show that ambulances continued to convey more walking patients, with a corresponding decrease in the numbers conveyed by hospital cars. The combined figures for the ambulance and hospital car services show that the total number of patients conveyed in 1966 compared with 1965 decreased by 305 and the total mileage travelled increased by 5,025. The average mileage per patient conveyed by ambulance was 6.4 compared with 6.6 in 1965. Accident and emergency cases rose from 4,301 in 1965 to 4,693 in 1966 (an increase of 9.1 per cent), and accounted for 2.4 per cent of all patients conveyed; the comparable figure in 1965 was 2.2 Patients conveyed by rail for part of their journey numbered 832, 70 more than in 1965.

Staff and Vehicles

The table on page 40 shows the numbers of staff and vehicles at the ambulance stations at the end of each of the past two years.

Two initial training courses for new entrants, each of two weeks' duration, were given during the year and 45 of the existing staff attended eight courses (three of which were on civil defence), each of one week's duration. For training purposes staff also visited the casualty departments of the Royal West Sussex Hospital, Chichester, and of the Worthing and Redhill Hospitals.

Seven teams entered the County Ambulance Efficiency Competition in Chichester on 4th June, 1966. This was won by the previous year's winners from Crawley, who improved their position to third out of eleven entrants in the Regional Competition at Battersea Park, London, on 25th June, 1966.

Hospital Car Service

The following table shows further reductions in the numbers of patients conveyed and the mileage travelled by hospital cars.

Area	Patients			Miles		
	1965	1966	Variation	1965	1966	Variation
Chichester	20,751	22,838	+2,087	192,906	216,941	+24,035
Horsham	26,061	22,459	—3,602	344,561	316,470	—28,091
Worthing	40,287	32,984	—7,303	294,184	264,028	—30,156
TOTALS ...	87,099	78,281	—8,818	831,651	797,439	—34,212

Thanks are due to the drivers for their co-operation during the change in the control arrangements and for their assistance in attempts to reduce the number of abortive journeys.

AMBULANCE SERVICE **Staff, Vehicles, Mileage and Patients**

Station	Staff		Vehicles		Mileage			Patients	
	1965	1966	1965	1966	1965	1966	Variation	1965	1966
Bognor Regis ...	9 (9)	9 (9)	6	6	103,060	100,105	—2,955	26,110	26,883
Chichester ...	16 (16)	*21 (21)	6	6	101,349	103,775	+2,426	16,132	15,336
Crawley ...	10 (10)	10 (10)	6	6	98,574	102,310	+3,736	15,487	16,588
Horsham ...	11 (11)	10 (10)	4	4	81,828	88,727	+6,899	9,445	10,394
Littlehampton ...	5 (5)	5 (5)	2	2	59,978	62,379	+2,401	5,153	5,811
Midhurst ...	4 (4)	4 (4)	2	2	50,784	48,282	—2,502	3,771	3,462
Pulborough ...	2 (2)	3 (3)	2	2	38,707	49,741	+11,034	1,224	1,778
Shoreham-by-Sea ...	5 (4.5)	5 (5)	2	3	48,485	50,665	+2,180	6,923	7,527
Worthing ...	21(18.25)	18(17.25)	8	8	145,939	161,957	+16,018	26,270	31,299
TOTALS ...	83(79.75)	85(84.25)	38	39	728,704	767,941	+39,237	110,515	119,028
									+8,513

Note: The figures in brackets indicate whole-time equivalents.
 * Including 10 Control staff.

Civil Defence

At the end of the year, there were 466 volunteers in the Ambulance and First Aid Section of the Civil Defence Corps, 14 more than at the end of 1965. Of these 136 had passed the standard test and 54 the advanced test. West Sussex again had the highest percentage of passes (84 per cent) for both standard and advanced tests in the South Eastern Region.

At the Annual Field Day at Westerton near Chichester on 21st May, 1966, ten teams competed for the Ambulance and First Aid Section Shield which resulted in a tie for first place between Crawley and Littlehampton.

PART VI—MENTAL HEALTH SERVICE

Statistics

Mental Illness

The following statement, provided by Graylingwell Hospital, shows the numbers of patients admitted to the hospital during 1966. The mental welfare officers assisted in the arrangements for statutory admission of patients under sections 25, 26 and 29 of the *Mental Health Act, 1959*.

Informal admissions fell by 20 and the number of persons admitted under statutory procedure fell by 19 as compared with 1965. There was also a small reduction in the number of cases dealt with under the “emergency” section.

Admissions to Graylingwell Hospital

<i>Mental Health Act, 1959</i>	<i>Male</i>	<i>Female</i>	TOTALS
Section 5—(Informal)	419 (429)	681 (691)	1,100 (1,120)
Section 25—(Observation — 28 days)	24 (19)	44 (60)	68 (79)
Section 26—(Treatment) ...	10 (13)	24 (18)	34 (31)
Section 29—(Observation in emergency—3 days)	48 (59)	93 (94)	141 (153)
Section 60—(Court Order) ...	— (1)	— (—)	— (1)
Section 71—(Court Order) ...	1 (—)	1 (—)	2 (—)
Section 72—(Transfer from prison by Home Office)	1 (1)	— (—)	1 (1)
TOTALS	503 (522)	843 (863)	1,346 (1,385)

Note: The figures in brackets relate to 1965.

The average age on admission was 48 years and 371 of the patients admitted were aged 65 or over.

During the year, 1,181 patients (440 males and 741 females) left the hospital and 191 (72 males and 119 females) died. Of the 191 deaths, 162 were of people over 65 years of age.

At the end of the year, one mentally ill person was being maintained by the local health authority in residential accommodation.

Mental Subnormality

The total number of subnormal persons under care at the end of the year is shown in the next table.

<i>Form of Care</i>	<i>Male</i>	<i>Female</i>	<i>Children</i>	<i>TOTALS</i>
Hospitals and homes under regional hospital board	219 (209)	128 (113)	84 (85)	431 (407)
Mental nursing homes ...	— (—)	— (—)	6 (5)	6 (5)
Residential homes	7 (10)	33 (28)	4 (12)	44 (50)
Boarded out in private homes	8 (8)	24 (24)	2 (4)	34 (36)
Durrington Hostel	— (—)	— (—)	22 (10)	22 (10)
Rustington Hostel	17 (20)	— (—)	— (—)	17 (20)
Informal community care ... (7 of the cases in residential or private homes are subject to guardianship orders)	273 (265)	277 (297)	139 (142)	689 (704)
TOTALS	524 (512)	462 (462)	257 (258)	1,243(1,232)

Note: The figures in brackets relate to 1965.

At the end of the year the names of 25 subnormal persons were on the waiting list for admission to hospital. This was three more than at the end of 1965 and some of them were urgent.

The following particulars show the immediate sources of information which led to subnormal persons being dealt with during the year.

<i>Source of Referral</i>	<i>Male</i>	<i>Female</i>	<i>TOTALS</i>
General practitioners	2 (2)	2 (—)	4 (2)
Hospitals	5 (3)	4 (3)	9 (6)
Courts and police	1 (2)	— (—)	1 (2)
Local education authority ...	13 (19)	7 (16)	20 (35)
Other sources	24 (20)	21 (18)	45 (38)
TOTALS	45 (46)	34 (37)	79 (83)

Note: The figures in brackets relate to 1965.

The cases were dealt with as follows.

<i>Disposal</i>	<i>Male</i>	<i>Female</i>	<i>TOTALS</i>
Admitted to psychiatric hospitals ...	— (1)	2 (2)	2 (3)
Placed in residential homes ...	7 (2)	2 (4)	9 (6)
Placed in mental nursing homes ...	1 (—)	— (—)	1 (—)
Placed under informal community care	37 (43)	30 (31)	67 (74)
TOTALS ...	45 (46)	34 (37)	79 (83)

Note: The figures in brackets relate to 1965.

Training Centres

The next table shows the numbers of pupils and staff at training centres. In addition, 13 other pupils attended centres maintained by other authorities or by voluntary bodies.

Centre	Staff		Pupils					
	Head Teacher/ Manager	Assist- ant Teachers and Trainees	On register					Daily average attend- ance
			Males		Females		TOTALS	
			Under 16	Over 16	Under 16	Over 16		
*†Fordwater ...	1	5	22	6	20	12	60	46
*†Crawley ...	1	6	23	1	12	12	48	43
*Durrington ...	1	9	39	—	33	—	72	66
†Rustington ...	1	3	—	27	—	—	27	25
†Worthing ...	1	3	—	18	—	30	48	41

*Junior Training Centre. †Adult Training Centre.

Chichester

Fordwater Training Centre, which was opened in September, 1966, provides facilities for juniors and adults, and industrial work was started at once. The atmosphere in this new centre is very gratifying and parents have expressed their pleasure at this new provision.

Rustington

The extensions to the hostel were commenced towards the end of the year and it is expected that they will be completed before the end of 1967. This hostel will then be a first-class unit for the care and training of subnormal young men and it is hoped that the provision of more accommodation will enhance its training potential.

A group of interested individuals in the Rustington area set up an association to give social support to the residents. The group has already been active in getting to know the young men and arranging social events for them. The enthusiasm of the members is considerable and demonstrates the valuable support which voluntary groups can give in the care of the handicapped.

Worthing

As a result of the interest and efforts of the Manager of the centre and of the Department's public health inspectors, a swimming pool filtration plant and chlorinator was designed which was robust in construction, simple in operation, and which could be made at the centre. This equipment requires considerably less maintenance than other filters on the market and has already been supplied to some of the schools in the County. Enquiries about it were received from other parts of the country and from Canada and Australia.

It is hoped that, where possible, not only will the trainees manufacture this filtration plant, but that they will also have an opportunity to install it at swimming pools which are within easy distance of the centre.

Interest was expressed in this development by the Ministry of Health and one of the Ministry's officers visited the training centre to see the process of assembly.

Short-Term Care and Holidays

During the year, four patients were admitted to Forest Hospital, Horsham and two to the Royal Earlswood Hospital, Redhill, for short-term care owing to the illness of their parents or other special circumstances. Seven males were admitted to Rustington Hostel and seven children were admitted to Durrington Hostel for short periods. In addition, ten patients were placed in residential homes for short-term care.

Ninety pupils from training centres spent a week's holiday at Pirates' Spring Holiday Home, Dymchurch, Kent in August and September, 1966 and 68 senior pupils from Rustington, Worthing, Chichester and Crawley centres spent a week at Southsea during May; it was not, however, possible to obtain holiday accommodation for the male pupils of Worthing Training Centre.

Social Clubs

Towards the end of the year, the social club held in local authority premises at Lancing was transferred to the Acre Day Hospital in Worthing and was integrated with a social club which had already been there for some years; the new arrangements are working satisfactorily. The social club in Crawley continued to operate successfully throughout the year.

PART VII—OTHER SERVICES

Health Centres

Consultations took place with appropriate statutory organisations and with groups of medical and dental practitioners regarding the provision of health centres at Bognor Regis, Chichester, Horsham, Lancing, Littlehampton and Shoreham-by-Sea; acting under delegated powers, separate consultations were initiated by Worthing Borough Council regarding the inclusion of a health centre in a civic centre development scheme.

In order to enable family doctors throughout the County to learn more about the proposed health centres, a conference was held on Sunday, 19th June, 1966 at the County Council's conference centre at Lodge Hill, Pulborough. This was followed by more detailed consultation with the doctors and dentists working in the areas concerned after which they were invited to indicate, in confidence, whether, subject to the premises being designed to satisfy their reasonable professional requirements and to the approval of the Executive Council, they intended to provide general medical or dental services from the proposed centres. The results of these invitations are given in the next table.

<i>Health Centre</i>	<i>Building Programme (year)</i>	<i>Serving the area</i>		<i>Wishing to practise from Health Centre</i>	
		<i>Doctors</i>	<i>Dentists</i>	<i>Doctors</i>	<i>Dentists†</i>
Bognor Regis ...	1968/69	19	19	7	4
Chichester ...	1967/68	16	14	3	2
Horsham ...	1968/69	16	13	14	3
Lancing ...	1967/68	9	6	4	3
Littlehampton ...	*	13	11	6	2
Shoreham-by-Sea ...	1967/68	9	11	9	—
Worthing ...	1967/68	42	34	5	1
TOTALS ...	...	124	108	48	15

* Not yet decided. † The details in this column are provisional.

At the end of the year, the Executive Council had not reached conclusions regarding general dental services nor had they considered in any detail the Littlehampton and Worthing schemes. By resolutions dated 22nd December, 1966 they informed the County Council

- that in the view of this Council provision should be made for general medical services to be provided from health centres at Bognor Regis, Horsham, Lancing and Shoreham-by-Sea;
- that the decision as to the extent to which general dental services should be provided in the health centres detailed at (a) above should be deferred pending the result of further consultation with general dental practitioners;
- that this Council suggest that the provision of general medical and/or general dental services from a proposed health centre in Chichester should be deferred with the object of attracting more enthusiastic support from local doctors and dentists;
- that the Council do not consider it appropriate that provision should be made for pharmaceutical services to be provided from any of the health centres in West Sussex now under consideration.

An officer meeting with representatives of the South West Metropolitan Regional Hospital Board was held at Chichester on 22nd March, 1966. The County Council's intentions as regards the development of health centres were explained in detail and the probable locations of the proposed buildings in relation to existing hospitals were displayed on maps. It subsequently transpired that, apart from possible occasional use for psychiatry, the hospital authorities were unlikely to need accommodation in any of the health centres for specialists or other services provided for out-patients under Part II of the *National Health Service Act, 1946*.

At the end of the year discussions were taking place with the County Architect regarding the design of the buildings.

Blind and Partially-Sighted Persons

Registration

On 31st December, 1966, there were 1,148 blind and 395 partially-sighted persons on the register, compared with 1,145 blind and 360 partially-sighted on 31st December, 1965.

Examination of applicants for registration

During the year 182 new (i.e. excluding transferred) cases of blindness and 109 cases of partial sight were added to the register, following examination by consultant ophthalmic surgeons.

Eleven registered blind persons were removed from the blind register following improvement in vision. Four were re-classified as partially-sighted following cataract extractions. The other seven were deleted from the register completely; four following cataract operations, two following natural improvements and one person was decertified at his own request.

Three registered partially-sighted persons were removed from the register following improvements in vision, in two cases as a result of successful cataract operations.

Follow-up action

Where treatment was recommended by ophthalmic surgeons, the cases were followed up to ensure that the treatment prescribed was carried out. The results of this follow-up action are tabulated below.

	<i>Primary Ocular Disease</i>			TOTALS
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Other</i>	
1. Number of cases registered during the year in respect of which Forms B.D.8 recommended:				
(a) No treatment	25 (30)	4 (13)	86 (69)	115 (112)
(b) Treatment (medical, surgical, optical or hospital supervision)	66 (59)	29 (30)	81 (74)	176 (163)
TOTALS	91 (89)	33 (43)	167 (143)	291 (275)
2. Number of cases at 1 (b) above which:				
(a) Continued to receive treatment	60 (34)	25 (26)	64 (57)	149 (117)
(b) Refused treatment... ..	2 (5)	— (—)	— (—)	2 (5)
(c) Had treatment deferred or discontinued	1 (3)	— (1)	— (1)	1 (5)
(d) Were placed on waiting list for admission to hospital	3 (2)	— (—)	— (—)	3 (2)
(e) Died or left County before investigation	— (—)	— (—)	1 (1)	1 (1)
(f) Were under investigation at end of year	5 (15)	6 (3)	9 (15)	20 (33)
TOTALS	71 (59)	31 (30)	74 (74)	176 (163)

Note: The figures in brackets relate to 1965.

Ophthalmia Neonatorum

No case of ophthalmia neonatorum was notified during the year; there were two cases in 1965.

Nurseries and Child Minders

The Nurseries and Child Minders Regulation Act, 1948 places a duty upon local health authorities to keep registers of, and empowers them to supervise

- (a) premises (i.e. day nurseries) in their area, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days; and
- (b) persons (i.e. child minders) in their area who for reward receive into their homes children under the age of five to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days.

It is an offence under the Act for an occupier of premises to carry on a day nursery if the premises are not registered or for an unregistered child minder to receive into his home three or more children, of whom he is not a relative, from more than one household.

	Numbers registered at 31st December		Numbers of children provided for	
	1965	1966	1965	1966
(a) Premises 	60	80	1,401	1,912
(b) Daily minders 	19	26	215	263

Nursing Homes and Nurses Agencies

At the end of 1966, there were 57 nursing homes registered with the County Council. Most of the homes provided accommodation for the elderly and chronic sick. One of the chief problems encountered by proprietors of nursing homes was the shortage of nursing staff, most of whom were married women engaged on a part-time basis.

The standard of comfort and amenities varied in accordance with the fees charged. All homes were inspected regularly by the medical inspector of nursing homes to ensure that the standards required by the County Council were maintained. A few complaints were received. Each was investigated and, where substantiated, was taken up with the proprietor of the home concerned.

The following table gives details of the registration of nursing homes in the County during the past five years.

	1962	1963	1964	1965	1966
Registered at 1st January	58	62	63	61	62
New homes registered	5	10	12	2	1
Registrations withdrawn	1	9	14	1	6
Registered at 31st December... ..	62	63	61	62	57

The accommodation available at the end of the year in nursing homes registered by the Council is shown below.

Size of homes (beds)	Number of homes	Number of beds provided			
		General	Maternity	Psychiatric	TOTALS
25 and over	10 (4)	211	—	171	382
20 to 24	9 (1)	180	—	15	195
15 to 19	16	260	—	—	260
10 to 14	12	147	—	—	147
5 to 9	6 (1)	33	—	8	41
Under 5	4	6	4	—	10
TOTALS	57 (6)	837	4	194	1,035

Note: The figures in brackets denote homes (included in totals) also registered as mental nursing homes under the *Mental Health Act, 1959*.

West Sussex Nursing Homes Association

The emergency bed service which was started by the Association in 1965 continued to operate during the year and proved useful to persons in search of nursing home accommodation. The majority of the proprietors of nursing homes in the County are members of the Association.

Nurses Agencies

Agencies licensed by the Council for the supply of nurses numbered four, the same as at the end of 1965.

PART VIII—ENVIRONMENTAL HEALTH SERVICE

The Ambulance and Public Health Sub-Committee of the County Health Committee met on six occasions and, in relation to environmental health, took appropriate action on such matters as grants for the extension of water mains and the provision of sewers, sewage outfalls to the sea, the control of milk supplies (particularly with regard to brucellosis and the presence of inhibitory substances), and radiological hazards in medical and dental practice.

Fluoridation of water supplies

No progress was made on implementing the County Council's resolution of November, 1965 which urged all water undertakers operating in the County to raise the fluoride content of the water supplied to one part per million. All the water undertakers concerned supply water to other local health authorities outside the County who have not so far approved the fluoridation of public water supplies. The water undertakers contend that they are unable to fluoridate parts of their water supply.

By letter dated 8th July, 1966 the Ministry of Health stated that, in view of the differing decisions on fluoridation by local health authorities who share the same water supplies, the technical obstacles appeared insurmountable and they regretted that no immediate solution could be offered to the problem. Nevertheless they stated that the County Council could be assured that the Minister would not lose sight of the need to seek a solution to a situation in which the democratic decisions of local health authorities may be frustrated for technical or other reasons.

Sewage Disposal

It is high time that everyone (including some of our municipal corporations) realised that to pour untreated sewage into the sea is as out-of-date as the traditional Edinburgh custom of emptying the chamber pot out of the window — and far more dangerous.

Lancet (1953) ii, 1086

Representatives of the County Council were appointed to attend a Public Inquiry at Bognor Regis and to make known the County Council's views on the Urban District Council's proposals to continue to discharge untreated sewage into the sea. The Inquiry, which was conducted by an Inspector appointed by the Minister of Housing and Local Government, started on 25th January, 1966 and lasted for seven days. The written evidence submitted to the Inquiry on behalf of the County Council is reproduced at Appendix C.

The Inspector's report, published in August, 1966, indicated that the Urban District Council's proposals needed further consideration. He pointed out that with a sea outfall scheme the whole cost of the complete scheme would have to be borne by the rates from the start, whereas with an inland treatment works, the rate need only be sufficient to finance the first stage and operation. He also drew attention to the point that there was limited evidence to suggest that an outfall discharging $2\frac{1}{2}$ miles off shore would, so far as Bognor Regis alone was concerned, be satisfactory, but there was no evidence to support a view that Pagham and Selsey would not be affected by discharge at that distance or at any other distance out to sea. He emphasised that the firm who had carried out float tests for the scheme had originally recommended that the outfall should be extended to $2\frac{1}{2}$ miles below low water mark, whereas the consulting engineers (taking into account their suggestion to macerate solids) had recommended a discharge $1\frac{1}{2}$ miles off shore, later increasing this to $1\frac{3}{4}$ miles.

Whilst the Inspector expressed no opinion on the merits of the conflicting medical views on the health aspects of the discharge of sewage at sea, he found himself in sympathy with the objectors insofar as their objections related to matters of amenity, and added

“In my view, no Council of a seaside resort can lightly accept even a calculated risk that sewage, however dilute and free from objectionable solids, will contaminate the beaches and the waters used for bathing and other recreational purposes.”

He did not, of course, suggest that the Bognor Council had not given their problems full and thorough consideration, but he thought they should be invited to reconsider the matter of the sea outfall, not only because there was at present insufficient evidence to prove its overall suitability but also because it was clear that the area in which the sewage would be concentrated prior to disposal was entirely unsuited to the location of any form of treatment works should they, for any reason, become necessary or desirable in the future. Removal of the settleable solids from the sewage prior to discharge would, he thought, satisfy a number of the objectors.

If the Council were invited to review the length and possibly the alignment of the sea outfall, then it might not be inappropriate to suggest to them that they might, at the same time, wish to reconsider the whole question of sewage disposal, especially as the decision dictates the manner in which improvements to and extensions of the existing sewerage system should be carried out.

Regarding the possibility of an inland works, the Inspector stated,

“I appreciate that I could be accused of entering into the realms of emotionalism, but I am doubtful whether public concern about the disposal of sewage at sea will ever be allayed by the pronouncements of government departments that it is a safe and satisfactory method of disposal under certain conditions, and it is for that reason that I am suggesting that the Council might wish to look at the matter again in the light of the strong feelings expressed against their scheme during the Inquiry.

If, as the result of a review, the Council were to decide on an inland sewage disposal works, I assume that favourable consideration would be given to a loan application in respect of a scheme acceptable to the Department, even though the cost was likely to be in excess of that of a sea outfall . . .”

In his conclusions the Inspector stated,

- “(9) That even if a suitable site for a sea outfall can be determined there will remain, or there is likely to remain, considerable local feeling against it.
- (10) That it would perhaps be desirable to suggest to the Council that they might wish to reconsider the method of sewage disposal
 - (a) in the light of the objections raised against the sea outfall during the Inquiry, and
 - (b) with special regard to the considerable bearing which the form of sewage disposal has on the manner in which extensions to and improvements of the foul sewerage system will be carried out.
- (11) That to finance an alternative scheme incorporating an inland sewage disposal works, a rate of at least 6d. in the £ more than that needed for the proposed scheme would appear to be necessary.
- (12) That until a final decision on the method of sewage disposal has been reached by the Council, consideration of the applications for planning consent in respect of the sea outfall and main pumping stations should be deferred, although the latter is likely to be common to both a sea outfall and an inland works scheme.”

By letter dated 4th August, 1966 the Minister of Housing and Local Government invited the Urban District Council to reconsider their proposals and this action was welcomed by the County Council.

Supervision of Milk Supplies

The supervision of milk retailed in the County continued to operate along the lines described in earlier Reports. In all, 2,154 samples of milk were procured, 1,033 of raw milk and 1,121 of treated milk.

Raw Milk

All the raw milk samples were examined for the presence of *brucella* infection by the milk ring test, and for the presence of inhibitory substances such as antibiotics. The milk ring test is a useful screening procedure; it quickly reveals the presence of antibodies connected with *brucella* infection but does not necessarily indicate that infection is active. Samples giving positive results are further examined by culture or by guinea pig inoculation. Of the 1,033 samples of raw milk, 126 samples (from 35 different farms) which gave positive ring test readings were cultured or inoculated into guinea pigs. Forty-three samples, which included two from each of six farms and three from one farm, gave positive indication of infection. Only one farm selling "untreated (farm bottled)" milk was included among the positive results, and the district medical officer of health served an Order on the farmer prohibiting the sale of milk without heat treatment.

Of the 711 farms in the County, raw milk was sampled from 270. The 126 samples positive to the ring test came from 35 different farms. Therefore, the milk sampled from one farm in eight (13 per cent) gave evidence of *brucella* infection.

The general procedure adopted by the Department for dealing with milk supplies infected with *brucella* organisms is to contact the farmer where a positive ring test is obtained from the bulk supply and, if he is willing to co-operate by removing the infected animals from the herd, offer to assist him to isolate these animals. Under this procedure, samples from 870 cows on 20 farms were procured for examination by the milk ring test. Some farmers have "flying" herds and, as the milk from the farms goes for heat treatment, they are unwilling to assist in taking steps for the eradication of the organism from the herd. Warning of the risk to farm staff using the milk without heat treatment is given to the farmer.

The 1,033 samples of raw milk were also examined for keeping quality by the methylene blue test; 122 of these failed to satisfy the test.

Heat-Treated Milk

Samples of heat-treated milk (comprising pasteurised, Channel Island [pasteurised], homogenised, and sterilised) procured during the year numbered 1,121. Two samples of pasteurised milk failed the phosphatase test, indicating that the milk was not sufficiently heat treated,

and 16 samples failed the methylene blue test, indicating poor keeping quality. The phosphatase failures were found to be due to an error occurring in the thermometers used in the pasteurising plant. All samples of sterilised milk satisfied the turbidity test.

Inhibitory Substances

Samples of raw milk (1,033), of pasteurised milk (34) and of cream (72) were examined for the presence of inhibitory substances. Eighteen (1.7 per cent) of the raw milk samples were found to contain inhibitory substances; the corresponding percentage in 1965 was 3.6. A detailed investigation in the case of one farm was made where it was claimed that no antibiotics had been used and it was in fact found that the inhibitory substance was a derivative of hypochlorite used in the penultimate rinse of the milking plant which had not been completely cleared by the final rinse. Subsequent samples were satisfactory. Three of the pasteurised milk samples supplied in churns to hospitals were found to contain penicillin but, as the samples from the churns were not procured immediately upon arrival from the dairy, it may have been possible for some contamination to have occurred within the hospital. Further samples taken at the hospital immediately on delivery from the dairy were satisfactory.

Salmonella in Milk

No further infection of *salmonella* in milk was found, although 16 samples were taken from two farms under suspicion during the year. The farmer referred to in the last Report whose milk supply was found to contain *salmonella* has not resumed selling farm-bottled milk.

Cream

Samples of cream numbered 72, comprising 40 of cream made from untreated milk, 31 either made from pasteurised milk or subsequently pasteurised, and one of clotted cream. Two samples of raw cream made at a farm outside the County gave a positive result on the *brucella* ring test, but proved negative on guinea pig inoculation. *E. coli type 2* were found in 12 raw creams and four pasteurised creams. *B. coli* were found in 23 raw and 12 pasteurised creams.

Only 17 of the 72 samples satisfied the four-hour methylene blue reductase test. None of the samples was found to contain inhibitory substances. From the results of the different tests it appears desirable that a statutory standard should be adopted for cream.

Bottle Washing at Dairies

Regular examination of washed bottles continued and the results are set out below.

				1965	1966
Number of bottles examined ...	...	...	...	1,236	1,170
Number of bottles satisfactory	...	...	...	1,134	1,052
Number of bottles fairly satisfactory	...	...	...	90	68
Number of bottles unsatisfactory	...	...	...	12	50

The results (mainly at two dairies) were not as good as usual. At one dairy, the poor results were due to changes in staff and the use of insufficient cleansing material; at the other, they were due to inadequate water pressure in the bottle-washing machine.

Inspection of Dairies

	1965	1966
Number of dairy inspections	219	200
Number of visits to retail vendors' premises ...	951	696
Number of visits to farms concerning antibiotics in milk	36	28
Number of visits concerning <i>brucellosis</i>	36	36
Number of visits concerning <i>salmonella</i>	7	8
TOTALS	1,249	968

Water Sampling

Samples of water procured at dairies numbered 49. Two proved to be unsatisfactory and were found to be due to defects in the access chamber at the top of the bore resulting from building alterations. After repairs, subsequent samples were satisfactory.

Water Supplies

Grants were made to the North West Sussex Water Board for extensions of water mains at Adversane, West Burton and Bury, Sullington, Storrington and Itchingfield, and to Chanctonbury Rural District, Chichester Rural District and Horsham Rural District for sewer connections at Steyning, Pagham, Walberton, Barns Green and Dial Post. Revised estimates of the contributions made by the County Council in 1966-67 towards sewerage and water supply were £117,000 and £14,750 respectively.

The following samples were obtained on behalf of the North West Sussex Water Board.

Source	Number Procured	Number Satisfactory	Number Suspicious	Number Unsatisfactory
Pumping Stations ...	759	660	29	70*
Sampling Points ...	357	357	—	—
TOTALS	1,116	1,017	29	70

*From untreated water.

Caravans

During the year a survey in conjunction with the County Welfare Department was made at the request of the Central Government on the conditions of gipsy caravan sites. The matter was still under consideration at the end of the year.

HOUSING STATISTICS

Area	Estimated population mid-1966	Dwellings in tenders approved but not started	Dwellings started				Dwellings under construction at end of period				Dwellings completed				Houses in clearance areas and unfit houses elsewhere		
		Local authorities	Local authorities	Other public sector	Private sector	Public and private sectors	Local authorities	Other public sector	Private sector	Public and private sectors	Local authorities	Other public sector	Private sector	Public and private sectors	In-cluded in orders con-firmed	Clear-ance areas	Else-where
West Sussex	450.2	724	1,341	501	3,573	5,415	1,331	492	2,987	4,810	998	218	3,869	5,085	28	95	82
<i>Boroughs</i>																	
Arundel ...	2.7	—	16	—	9	25	16	—	—	16	—	—	9	9	—	—	2
Chichester ...	20.7	14	—	—	50	50	—	4	43	47	4	—	66	70	11	20	7
Worthing ...	81.1	39	169	30	460	659	159	22	289	470	158	66	575	799	15	—	—
<i>Urban Districts</i>																	
Bognor Regis	30.8	—	76	—	218	294	75	—	177	252	54	20	271	345	—	—	—
Crawley ...	61.3	423	96	190	308	594	96	210	261	567	—	78	248	326	2	2	2
Horsham ...	24.2	—	32	162	142	336	32	131	114	277	65	33	191	289	—	30	1
Littlehampton	17.8	—	63	—	65	128	63	—	112	175	14	—	119	133	—	—	6
Shoreham-by-Sea ...	18.2	—	93	—	229	322	93	—	315	408	—	—	86	86	—	23	—
Southwick ...	11.9	—	54	—	30	84	54	3	35	92	20	—	9	29	—	—	—
<i>Rural Districts</i>																	
Chancetonbury	25.4	36	90	2	214	306	114	5	249	368	120	—	233	353	—	10	4
Chichester ...	57.9	116	128	6	720	854	131	2	710	843	133	5	709	847	—	—	24
Horsham ...	26.7	—	121	9	316	446	118	10	119	247	91	—	356	447	—	10	8
Midhurst ...	18.4	52	137	82	130	349	122	82	135	339	35	—	109	144	—	—	12
Petworth ...	10.1	—	61	1	61	123	56	4	142	202	5	—	45	50	—	—	4
Worthing ...	43.0	44	41	19	621	681	83	19	286	388	186	16	843	1,045	—	—	12
<i>New Town</i>																	
Crawley ...	—	—	164	—	—	164	119	—	—	119	113	—	—	113	—	—	—

Housing

The table on page 54, compiled from information made available by the Ministry of Housing and Local Government, gives full details of the numbers of houses built and those demolished and closed in the various districts of the County.

New dwellings completed during 1966 numbered 5,085. Of these 3,869 were erected by private owners, 998 (including 113 in Crawley New Town) by local authorities and 218 by housing associations or for government departments.

Out of the total of 3,869 houses built by private enterprise, 2,432 (62.3 per cent) were constructed in coastal districts and, of this number, 1,552 were built in the rural districts of Chichester and Worthing.

From April, 1945 to December, 1966 75,737 houses have been built in West Sussex: 46,587 by private owners, 28,719 by local authorities (including 11,715 in Crawley New Town) and 431 by housing associations or for government departments.

Atmospheric Pollution

The long-term survey designed to measure air pollution throughout the country was continued and 120 visits were made by the staff to the two premises containing the instruments provided by the County Council for measuring the daily deposit of carbon and sulphur dioxide in the atmosphere. Reports were made monthly to the Warren Springs Laboratory of the Ministry of Technology.

PART IX—SCHOOL HEALTH SERVICE

Statistics

Child Population

The following table shows the variation in the child population since last year.

				1965	1966	<i>Variation</i>
Children under 1 year	...	...	...	6,430	6,250	— 180
1 to 4 years	...	...	...	27,170	27,750	+ 580
TOTAL under 5 years	...	...	...	33,600	34,000	+ 400
5 to 14 years	...	...	...	62,400	64,100	+1,700
TOTAL under 15 years	...	...	...	96,000	98,100	+2,100

School Population

In January, 1967 there were 64,107 children on the rolls of maintained schools in the County, an increase of 1,646 on the figure for last year. The numbers of children in the various types of maintained schools in the County during the past two years are shown in the table which follows.

<i>Type of school</i>	<i>Number of schools</i>		<i>Number on roll</i>	
	1965	1966	1965	1966
Nursery 	4	4	289	266
Primary 	176	174	36,220	37,436
Secondary: Grammar Comprehensive Modern 	10	9	5,674	5,217
	4	5	4,683	7,164
	26	24	15,084	13,505
Special 	5	5	511	519
TOTALS 	225	221	62,461	64,107

Medical Inspection

Periodic and Special Inspections

The following comment on medical inspection in schools was made by Dr. K. S. Cliff, who recently entered the local authority health service.

“The general health of school children in the area covered by me appears to be good. Co-operation from schools and health visitors has been a feature which has impressed me, despite the handicap of poor facilities for the adequate examination of children which exist in many schools. The majority of parents who are present at inspections take advantage of the opportunity to discuss the development of their children as well as purely clinical matters. It was gratifying to find that many teachers are very health conscious and refer pupils to the visiting medical officer if they feel a child’s progress is slowing down.”

The numbers of children examined and re-examined during the past two years are shown below.

<i>Type of examination</i>	1965	1966
Entrants 	5,025	6,112
Other periodic examinations (Children aged 10–11 years or those who had not been previously examined in this age group)	5,904	6,930
Leavers 	4,289	4,951
TOTALS 	15,218	17,993
Special examinations 	102	100
Re-examinations 	9,319	10,405
TOTALS 	24,639	28,498

Co-ordination with other Services

I am grateful for the help and co-operation received from family doctors with whom the Department is constantly in communication about individual children. During March, two family doctors accompanied a school medical officer during a periodic medical inspection at a County school. The results of this joint venture were extremely satisfactory to both family doctors and school medical officer and it is hoped that this type of liaison will be extended in the future.

General Physical Condition

Of the 17,993 children examined at periodic medical inspections, seven (0.04 per cent) were considered by school medical officers to be of unsatisfactory physical condition. In 1965, seventeen children (0.11 per cent) were placed in this category.

Facilities for Medical Inspection

There are still many schools, particularly in the rural areas, where the facilities for medical inspections are inadequate. In reporting adversely on this, medical officers have also commented on the co-operation which they received from a number of head teachers who, often at great inconvenience, make the best arrangements possible to provide makeshift accommodation.

Foot Health

The prevalence of verrucae in primary schools is low and, during the year, the County Education Committee resolved that the question of wearing plimsolls for indoor activities should be decided by head teachers according to the activity involved. In view of the prevalence of this condition in secondary schools, the restrictions on physical education in bare feet were continued.

Cleanliness

During the year, 55,072 individual hygiene examinations were carried out in schools and 87 children were found to have nits or vermin in their hair.

The following table shows the number of children found to have vermin in their heads in each of the last ten years.

<i>Year</i>	<i>Total number of individual examinations</i>	<i>Total number of individual children found to be infested</i>
1957	91,725	171
1958	85,218	123
1959	50,683	104
1960	56,739	112
1961	53,936	104
1962	36,431	61
1963	51,795	92
1964	56,028	75
1965	58,908	146
1966	55,072	87

Obesity

During the course of medical inspections in Lancing and Littlehampton schools in the past year, Dr. F. Cockcroft used skin calipers to measure the degree of obesity in school children. The technique used was similar to that carried out by the Department of Growth and Development at the London University Institute of Child Health. The following table compares the results Dr. Cockcroft obtained from the West Sussex children with those recorded by Dr. J. M. Tanner and Mr. Whitehouse of the Institute of Child Health.

<i>Girls</i>	<i>Age</i>	<i>Height (ins.)</i>	<i>Weight (lbs.)</i>	<i>Skinfold Thickness Subcutaneous Fat</i>	
				<i>Triceps (mm.)</i>	<i>Sub-Scapular (mm.)</i>
(1)	(2)	(3)	(4)	(5)	(6)
West Sussex University	5 5	43.5 42.5-45	43 39-43	10.7 9.2-9.0	6.0 5.5
West Sussex University	6 6	45 45-47	45 43-47	10.9 9.0	5.7 5.5-5.7
West Sussex University	10 10	54.8 53-55.5	74 65-72	10.9 10.2-10.5	7.6 6.7-7.5
West Sussex University	11 11	56 55.5-58	76 72-81	11.8 10.5-10.8	6.9 7.5-8.0
West Sussex University	14 14	62 62-63	111 102-112	15.4 12.1	9.4 9.5-10.3
West Sussex University	15 15	64 63-64	124 112-118	16.6 13-14	10.2 10.3-11.0

<i>Boys</i>	<i>Age</i>	<i>Height (ins.)</i>	<i>Weight (lbs.)</i>	<i>Skinfold Thickness Subcutaneous Fat</i>	
				<i>Triceps (mm.)</i>	<i>Sub-Scapular (mm.)</i>
(1)	(2)	(3)	(4)	(5)	(6)
West Sussex University	5 5	44 42.5-45	44 41-45	9.2 8.2-7.9	5.3 5.0
West Sussex University	6 6	46 45-47.5	46 45-49	9.5 7.9-7.7	5.1 5.0-4.9
West Sussex University	10 10	55 53-55	74 65-71	9.2 8.0-8.5	5.7 5.4-5.7
West Sussex University	11 11	57 55-57	82 71-78	10.3 8.5-8.8	6.6 5.7-6.0
West Sussex University	14 14	63.5 61.5-64	115 97-112	9.9 8-7.6	7.5 6.7-7.2

Dr. Cockcroft makes the following comments on this survey.

“The measurements I have recorded are the average of the children between the age stated and the next year above, i.e. between 5 and 6 years etc. Dr. Tanner’s figures are an average of the height and weight of children at age 5 and age 6 etc., so that two figures are given for each age unless the figure is the same at both ages. The weights of Dr. Tanner’s children were in the nude, whereas the West Sussex children had on shorts and singlets, or their equivalent.

The results show no significant difference in the heights and weights nor in the subscapular skinfold measurements, but the triceps skinfold measurements were a little higher for the West Sussex children at all ages.

My conclusion is that most children in Littlehampton and Lancing do not suffer from obesity. There are a small number of obese children and most of them are naturally overweight; by that I mean that they are not on an excessive diet and have no apparent disease to account for their weight. One also cannot comment about a child’s weight without knowing the height and bodily structure.”

Medical Treatment

Statistics

Details of the numbers of children examined and of the numbers and types of defects found are shown in the tables on pages 67 and 68.

In the following table the numbers of children examined in the various age groups and the numbers found to require treatment during the year have been compared with the figures for 1965.

Age group	Number of children examined		Number found to require treatment		Percentage found to require treatment			
					West Sussex		England and Wales	
	1965	1966	1965	1966	1965	1966	1965	1966
Entrants ...	5,025	6,112	510	483	10.1	7.9	16.1	*
Other periodic inspections ...	5,904	6,930	630	495	10.7	7.1		
Leavers ...	4,289	4,951	399	358	9.3	7.2		
TOTALS ...	15,218	17,993	1 539	1,336	10.1	7.4		

*Not available.

Eye Clinics

The number of children examined at school eye clinics during the year was 3,081; an increase of 83 on the figure for 1965. The number of examinations was 3,771 compared with 3,207 in the previous year.

Of the 1,428 pairs of spectacles known to have been prescribed for children during the year, 1,254 pairs were prescribed at school eye clinics. This was 174 pairs fewer than in 1965.

Twenty-five school children and 48 children under school age were known to have received operative treatment for squint during the year.

Orthoptists treated 559 children; 186 more than in 1965.

SPEECH THERAPY

Area	Defect or disorder of speech								New cases	Number dis- charged during the year	Waiting list at 31.12.66
	Articula- tion	Language	Fluency	Voice	Associa- ted with cerebral palsy	Associa- ted with cleft palate	Total number of children	Total attend- ances			
Crawley	205 (85)	36 (12)	40 (31)	4 (1)	2 (—)	14 (5)	301 (134)	1,737 (161)	91	90	26
Billingshurst	16 (11)	2 (2)	3 (—)	—	—	1 (—)	22 (13)	131 (20)	8	—	*
Bognor Regis	6 (6)	1 (1)	5 (5)	—	3 (3)	—	15 (15)	20 (20)	6	—	*
Chichester	223 (186)	15 (10)	35 (25)	1 (1)	5 (4)	9 (7)	288 (233)	930 (429)	70	54	36
Midhurst	62 (42)	7 (6)	12 (6)	—	—	1 (—)	82 (54)	423 (193)	18	21	3
Littlehampton	3 (3)	—	—	—	—	—	3 (3)	8 (8)	2	1	*
Shoreham-by-Sea	3 (3)	2 (2)	—	—	—	—	5 (5)	7 (7)	17	—	*
Petworth	93 (78)	—	7 (6)	2 (2)	2 (1)	3 (3)	107 (90)	271 (136)	44	32	5
Worthing	25 (25)	—	1 (1)	—	1 (1)	—	27 (27)	30 (30)	3	2	*
TOTALS	636 (439)	63 (33)	103 (74)	7 (4)	13 (9)	28 (15)	850 (574)	3,557(1,004)	259	200	70

Note: The unbracketed figures indicate the numbers of children treated; bracketed figures show the numbers under observation and are included in the totals.

* None kept; limited service available owing to shortage of staff.

Orthopaedic Clinics

Orthopaedic clinics continued to be held in six centres in the County. The number of children attending these clinics decreased from 742 (including 230 under school age) to 732 (including 251 under school age) in 1966.

Forty-six children (including 11 under school age) received in-patient treatment and 142 children (including 30 under school age) were supplied with 153 orthopaedic appliances.

Physiotherapists treated 748 children (including 217 under school age); 116 fewer than in 1965.

Enuresis

The treatment of nocturnal enuresis by means of pad and bell alarms was continued during the year and reports were received on 67 boys and 32 girls. The reports showed that complete or partial improvement was achieved by 55 boys and 26 girls.

Convalescence

During the year, short-term convalescence was provided for 22 children in accordance with the provisions of section 48(3) of the *Education Act, 1944*. This was three more than in 1965.

Speech Therapy

The authorised establishment of speech therapists in the County is one senior and three speech therapists, all full-time, but since the middle of 1965 the service has been two full-time therapists below this establishment. During 1966 the position was eased by the appointment of three part-time therapists for one session a week each, but at the end of the year there were still vacancies for the equivalent of 1.7 full-time therapists.

Miss M. G. A. McCombie, senior speech therapist, has supplied the following comments on the shortage of speech therapists.

“The needs of a rising population cannot be met by speech therapists anywhere, and I do not know that West Sussex is less favoured in this respect than other parts of the country. So far as attracting staff to the County is concerned, therapists here have a car, any other equipment necessary for their work, and freedom to plan and do that work as they think fit. Balanced against these factors are the actual working conditions which are not always good. Particularly in the older, smaller schools a separate quiet room can be difficult to arrange, and using the clinics as an alternative is no solution as they are becoming increasingly overcrowded. Accommodation is seldom a problem in new schools, and any future clinic planning should include appropriate accommodation for the speech therapists. Although the greater part of their work should be done in the schools, they still need some clinic space.

In the case of married women some provision for their children would be an added incentive to return to work. Often by the time they have paid taxes and a baby-minder it is not worthwhile financially to do so.

To encourage girls to consider speech therapy as a career we are always willing to talk on the subject, and it is known at the secondary schools that any girls really interested, and likely to reach the required academic standard, are more than welcome to come and discuss the matter fully and to spend time seeing as much of the work as possible.

Again with future planning in mind, the presence on the staff of every primary school of a member with qualifications in speech training would be a great help to us. Such a member, working under the supervision of a speech therapist, could help those children with lesser speech difficulties, and so free the therapist

HANDICAPPED PUPILS

	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally Sub-normal		(9) Epileptic (10) Speech Defects		TOTALS
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
IN THE CALENDAR YEAR: Handicapped pupils											
A. Newly assessed as needing special educational treatment at special schools or in boarding homes	—	1	2	2	11	16	24	89	—	1	146
B. (i) Included at A above and newly placed in special schools or boarding homes ...	—	—	—	1	3	6	8	42	—	—	60
(ii) Assessed prior to January, 1966 and newly placed in special schools or boarding homes	1	1	—	3	6	6	3	52	—	1	73
TOTAL (B (i) and B (ii)) ...	1	1	—	4	9	12	11	94	—	1	133
AS AT 19TH JANUARY, 1967:											
C. Number requiring places in (a) day ...	—	—	—	—	1	—	—	21	—	—	22
special schools ... (b) boarding ...	—	2	1	—	4	2	12	14	—	—	35
D. (i) Number on the registers of:											
(1) Maintained special (a) day pupils ...	—	—	—	—	—	—	—	352	—	—	352
schools as ... (b) boarding pupils ...	—	1	3	—	5	3	38	96	—	—	146
(2) Non-maintained (a) day pupils ...	—	—	—	—	—	—	—	—	—	—	—
special schools as ... (b) boarding pupils	7	7	1	9	15	23	5	1	—	—	68
TOTAL ...	7	8	4	9	20	26	43	449	—	—	566
(ii) Independent schools under arrangements made by the authority ...	—	—	15	—	5	1	8	5	—	—	34
TOTAL (D (i) and D (ii)) ...	7	8	19	9	25	27	51	454	—	—	600
(iii) Boarded in homes and not included in (i) or (ii)	—	—	—	1	—	2	21	—	—	—	24
TOTAL (D (i), (ii) and (iii)) ...	7	8	19	10	25	29	72	454	—	—	624
E. Number being educated under arrangements made in accordance with Section 56 of the <i>Education Act, 1944</i>											
(i) in hospitals ...	—	—	—	—	3	—	—	—	—	—	3
(ii) in other groups ...	—	—	—	—	5	—	—	—	—	—	5
(iii) at home ...	1	1	—	1	18	10	1	2	—	—	34

to give her more specialised care to those with severe speech problems, but I should, however, be very doubtful about the value of having speech training teachers as such on the staff of the speech therapy department. The provision of more nursery schools would also help us. The majority of young children with communication problems benefit more than anything by association with other young normally-speaking children, and this natural stimulus together with the trained nursery care can make a very real contribution to speech therapy."

There would appear to be little likelihood of improvement in the number of speech therapists available in the short-term and preliminary consideration has been given to the introduction of a scheme to sponsor the training of speech therapists who, on completion of training, would undertake to work in the school health service in the County. Such schemes have already been approved by the County Council to promote the recruitment of other categories of staff who are in short supply.

During the year, 276 children were treated and 574 were seen for observation. The corresponding figures for 1965 were 371 and 690 respectively. The table on page 60 gives particulars of the numbers of pupils treated and under observation, according to category of defect or disorder of speech, in the various treatment areas. The numbers in brackets refer to the children under observation and are included in the total figures.

Handicapped Pupils

Ascertainment

The work of the clerical casework section developed further and the benefits of the risk register introduced some years ago became apparent. Handicaps are being diagnosed at an earlier stage and it is possible to help parents to accept the problems their handicapped children must face and to plan services for them well in advance.

During the year, school medical officers carried out 261 examinations of children known or thought to have some physical or mental impairment. A summary of the information sent to the Department of Education and Science showing the number of handicapped children ascertained as needing admission to special schools or boarding homes during 1966, the numbers admitted and awaiting admission and those on the registers of special schools and boarding homes is given on page 62.

Children found to be Unsuitable for Education at School

Twenty-five children were reported to the local health authority under Section 57 (4) of the *Education Act, 1944* as being unsuitable for education at school. One child previously reported as being unsuitable for education at school was reviewed under the provisions of section 57A and the original decision was cancelled.

Child Guidance

The work of the four clinics continued along the lines described in previous editions of the Report. A statistical summary of their activities is given overleaf.

1. REFERRAL	1965	1966
Number of children referred by:		
(a) School Medical Officers	58	79
(b) Courts and Probation Officers	102	124
(c) Parents and others	140	150
(d) Boarding schools and hostels	33	77
(e) General practitioners	185	193
(f) Children's Department	17	27
(g) Educational psychologists	130	49
(h) Other Child Guidance Clinics	3	3
Brought forward from previous year	48	39
(awaiting investigation on 1st January)		
TOTALS	716	741
2. INVESTIGATION		
Number of children investigated during the year and found to be:		
(a) In need of child guidance help	422	399
(b) Educationally sub-normal	6	14
(c) Unsuitable for education at school	2	—
(d) Not in need of child guidance help	111	171
(e) Withdrawn before investigation	136	76
(f) Awaiting investigation on 31st December... ..	39	81
TOTALS	716	741
3. TREATMENT		
Number of children:		
(a) Receiving help on 1st January	323	371
(b) Helped during the year	598	656
(c) Receiving help at 31st December	371	304
4. RECOMMENDATIONS		
Number of children recommended during the year for:		
(a) Special schools	31	22
(b) Hostels	1	2
TOTALS	32	24
5. CLINIC ATTENDANCES AND HOME VISITS		
(a) Number of attendances at clinics during the year	6,268	6,258
(b) Number of homes visited during the year ...	99	151

Report of the Principal School Dental Officer

Staff

Once again it was not possible to fill the authorised establishment of 11 dental officers and, at the end of the year, there were eight dental officers in post; two fewer than at the end of 1965.

As a result of the findings of the dental rates study group and the subsequent award to general dental practitioners in the National Health Service, the target net income of a general dental practitioner is now over £1,000 a year above the maximum gross salary of a school dental officer.

Whilst it is generally agreed that security, shorter hours and longer holidays must be worth x pounds a year to a school dental officer, I am quite certain that x should not be in excess of £1,000 a year. If the school dental service is to survive and flourish, it is imperative that this gap in earnings should be narrowed at the earliest opportunity.

Inspection and Treatment

Statistics for the year will be found on page 73. Because of the under-establishment and the time lost through sickness, 470 fewer sessions were worked than in 1965. Pupils routinely inspected numbered 36,755 and a further 4,073 received a second inspection later in the year. There were 291 inspection sessions, giving an inspection rate of 126 pupils a session.

Of the 36,755 pupils inspected, 15,587 (42 per cent) were found to require treatment and 14,367 (92 per cent) were offered treatment. The children treated numbered 7,548.

Dental Health

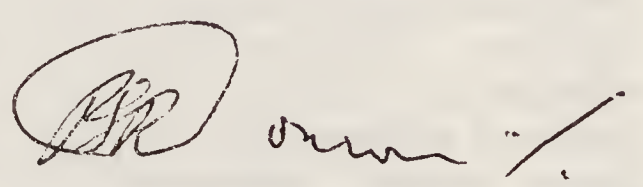
The dental hygienist, who resigned on 31st August, 1966, visited 86 schools and gave talks to over 26,000 pupils. It was encouraging to find how welcome the head teachers made her at the schools. Both the hygienist and I gave a number of talks to various parent/teacher associations and mothers' clubs during the year.

Computer Processing of Dental Statistics

Since the end of 1964, dental statistics have been produced on the County Council's computer. The amount of time saved may be gauged by the fact that the annual statistics for 1966 were available on 3rd January, 1967.

Acknowledgements

I wish to record again my thanks to members of the Council and to my colleagues in the County Health, Education and other Departments for their help and encouragement.



Principal School Dental Officer

Other Services

School Meals and Milk

The following information, obtained from the Director of Education, shows the numbers of children in maintained schools in the County who had school dinners and milk on a day in October, 1966 and is compared with similar information for 1965.

<i>Meals</i>				1965	1966
Number of children present on day selected			
Number of school dinners served			
Percentage taking dinners			
<i>Milk</i>					
Number of children present on day selected			
Number of children who received one-third pint of milk			
Percentage of milk drinkers			

School Hygiene and Sanitation

Following their visits to schools, medical officers and public health inspectors commented on deficiencies in lavatory accommodation, washing facilities, lighting and on any other matters affecting the well-being of pupils. These deficiencies were referred to the Director of Education with a view to inclusion in the continuing programme of minor improvements to school premises.

School Swimming Pools

During the year, 8 new pools were brought into use in junior schools, bringing the total in maintained schools to 64.

The inspection of these pools and the examination of the water was continued throughout the swimming season; standards were generally most satisfactory. Visits made by the public health inspectors in connection with this work numbered 186.

Road Accidents to Children

Examination of the analyses produced on the Council's computer shows that 3,191 persons were involved in road accidents in the County during the year. Of these, 354 (11.1 per cent) were children under 15 years of age. The corresponding figures for 1965 were 3,274 and 336 (10.3 per cent).

School Child Chest Health Survey

West Sussex was one of a number of local education authorities in various parts of the country invited to collaborate with the Department of Medical Statistics and Epidemiology of the London School of Hygiene and Tropical Medicine in a study on the possible effects of air pollution and other environmental factors on respiratory tract disorders in school children. The parents of 978 children aged 6 to 10 years attending 15 schools in a rural area of the County were asked to co-operate by completing a questionnaire on their child's past medical history. Completed forms received numbered 826 and 803 children were subsequently examined by school medical officers.

The information collected is now being evaluated at the London School of Hygiene and the report on the survey will be published in due course.

Health Education

The content and volume of this work continued to increase. The anti-smoking campaign which began in the autumn of 1965, continued throughout 1966 and the film *The Smoking Machine* has now been shown in the majority of junior schools. The exceptions were schools where either facilities were not available or where the head teachers considered that it would be unwise to introduce this topic.

For some years, with the co-operation of head teachers, health visitors have been holding regular classes in health education in a number of secondary modern schools. One result of the arrangements for comprehensive education now being introduced in the County has been that the children previously in grammar schools are now able to participate in these classes.

RETURN OF MEDICAL INSPECTION AND TREATMENT FOR THE YEAR ENDED 31st DECEMBER, 1966

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

Periodic Medical Inspections

Age groups inspected (by year of birth)	No. of pupils who have received a full medical examination	Physical condition of pupils inspected		No. of pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1962 and later ...	175	175	—	—	2	13	15
1961 ...	2,553	2,553	—	—	57	117	173
1960 ...	3,384	3,381	3	—	134	179	295
1959 ...	594	594	—	—	12	17	29
1958 ...	255	255	—	—	12	8	19
1957 ...	204	202	2	—	6	9	14
1956 ...	1,198	1,198	—	—	41	35	72
1955 ...	3,174	3,173	1	—	136	120	245
1954 ...	1,197	1,197	—	—	53	41	93
1953 ...	308	308	—	—	18	6	23
1952 ...	1,110	1,110	—	—	50	26	76
1951 and earlier	3,841	3,840	1	—	167	118	282
TOTALS	17,993	17,986	7	—	688	689	1,336

Col. (3) total as a percentage of Col. (2)	Col. (4) total as a percentage of Col. (2)
total 99.96	total 0.04

Other Inspections

					1965	1966
Number of Special Inspections					102	100
Number of Re-inspections					9,319	10,405
TOTALS					9,421	10,505

Defects found by Periodic and Special Medical Inspections during the Year

Defect Code No. (1)	Defect or disease (2)						Periodic inspections				Special inspec- tions (7)
							Entrants (3)	Leavers (4)	Others (5)	TOTAL (6)	
4.	Skin	...	...	...	...	T	27	50	23	100	1
						O	184	112	102	398	—
5.	Eyes: (a) Vision	...	...	...	...	T	199	205	284	688	18
						O	1,132	597	705	2,434	2
	(b) Squint	...	...	...	...	T	35	2	13	50	—
						O	135	8	52	195	—
	(c) Other	...	...	...	...	T	3	5	3	11	2
						O	26	6	28	60	1
6.	Ears: (a) Hearing	...	...	...	...	T	38	1	20	59	10
						O	327	19	82	428	1
	(b) Otitis Media	...	...	...	...	T	3	—	1	4	1
						O	62	7	14	83	—
	(c) Other	...	...	...	...	T	5	7	5	17	1
						O	58	5	16	79	—
7.	Nose and Throat	...	...	...	...	T	51	3	20	74	—
						O	699	55	159	913	1
8.	Speech	...	...	...	...	T	33	3	14	50	—
						O	283	10	35	328	1
9.	Lymphatic Glands	...	...	...	...	T	2	1	—	3	—
						O	437	17	60	514	—
10.	Heart	...	...	...	...	T	4	1	1	6	—
						O	135	51	55	241	—
11.	Lungs	...	...	...	...	T	9	—	5	14	1
						O	187	49	84	320	2
12.	Developmental: (a) Hernia	...	...	...	...	T	4	1	—	5	—
						O	22	2	7	31	—
	(b) Other	...	...	...	...	T	2	2	16	20	—
						O	115	55	134	304	—
13.	Orthopaedic: (a) Posture	...	...	...	...	T	15	31	41	87	1
						O	49	18	61	128	—
	(b) Feet	...	...	...	...	T	40	6	25	71	7
						O	159	41	105	305	—
	(c) Other	...	...	...	...	T	37	13	34	84	—
						O	366	53	166	585	—
14.	Nervous System: (a) Epilepsy	...	...	...	...	T	4	1	2	7	—
						O	16	7	21	44	—
	(b) Other...	...	...	...	...	T	—	1	3	4	—
						O	45	5	34	84	—
15.	Psychological: (a) Develop- ment	...	...	...	...	T	2	2	2	6	1
						O	172	18	92	282	1
	(b) Stability	...	...	...	...	T	6	2	1	9	5
						O	188	34	89	311	2
16.	Abdomen	...	...	...	...	T	2	1	—	3	—
						O	49	11	53	113	—
17.	Other	...	...	...	...	T	2	12	17	31	43
						O	84	61	133	278	1

T indicates number of pupils requiring treatment.

O indicates number of pupils requiring observation.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

Eye Diseases, Defective Vision and Squint

	<i>Number of cases known to have been dealt with</i>	
	1965	1966
External and other, excluding errors of refraction and squint	41	47
Errors of refraction (including squint)	2,860	3,369
TOTALS	2,901	3,416
Number of pupils for whom spectacles were prescribed	1,654	1,428

Diseases and Defects of Ear, Nose and Throat

	<i>Number of cases known to have been dealt with</i>	
	1965	1966
Received operative treatment:—		
(a) For diseases of the ear	—	—
(b) For adenoids and chronic tonsillitis	30	44
(c) For other nose and throat conditions	—	—
Received other forms of treatment	19	56
TOTALS	49	100
Total number of pupils in schools who are known to have been provided with hearing aids:—		
(a) In year	28	20
(b) In previous years... ..	90	110

Orthopaedic and Postural Defects

	<i>Number of cases known to have been treated</i>	
	1965	1966
(a) Pupils treated at clinics or out-patients' departments	632	642
(b) Pupils treated at school for postural defects	—	—
TOTALS	632	642

Diseases of the Skin

								<i>Number of cases known to have been treated</i>	
								1965	1966
Ringworm:	(a)	Scalp	...	...	...	...	...	1	—
	(b)	Body	...	...	...	...	...	3	4
Scabies	...	...	...	...	...	...	...	2	5
Impetigo	...	...	...	...	...	...	...	11	14
Other skin diseases	...	...	...	...	...	...	...	225	106
TOTALS			...	...	...	...	...	242	129

Child Guidance Treatment

								<i>Number of cases known to have been treated</i>	
								1965	1966
Pupils treated at Child Guidance Clinics								598	656

Speech Therapy

								<i>Number of cases known to have been treated</i>	
								1965	1966
Pupils treated by speech therapist								371	276

Other Treatment Given

								<i>Number of cases known to have been dealt with</i>	
								1965	1966
(a)	Pupils with minor ailments		...	...	...	...	...	270	422
(b)	Pupils who received convalescent treatment under School Health Service arrangements ...							19	22
(c)	Pupils who received B.C.G. vaccination ...							3,632	4,731
(d)	Other than (a), (b) and (c) above:								
	Orthoptic	...	...	...	...	...	...	373	559
	Enuresis (pad and bell alarms)	...	...	...	...	...	...	83	99
TOTAL (a)–(d)								4,377	5,833

List of School Clinics held in the County: 1966

Place	Address	Type of Clinic Held							
		Dental**	Minor Ailment	Refraction	Orthoptic	Orthopaedic	Physiotherapy	Speech§	Child Guidance
ARUNDEL ...	Maltravers Street	—	—	Mon.†*	—	—	—	—	—
BILLINGSHURST	The Weald School	—	—	—	—	—	—	Mon.†	—
BOGNOR REGIS	Westloats Lane	Mon.—Fri.	Tues.†	Tues.†† <i>f</i>	—	—	Tues.†† Fri.††	Wed.	—
CHICHESTER ...	Chapel Street	Mon.—Fri.	Wed.† <i>f</i>	Wed.††	Mon. <i>f</i> Wed. Thurs.	Tues.†† <i>m</i>	Mon.†† Tues.† Fri.†	Wed.††	—
	St. Anthony's School	—	—	—	—	—	—	Wed.†	—
	St. John's Street	—	—	—	—	—	—	—	Mon.—Fri.
CRAWLEY ...	Exchange Road	Mon.—Fri.	Wed.†	—	—	Mon.*	Mon. Wed. Fri.††	Fri.†	Mon.—Fri.
	Gossops Green	—	—	—	—	—	—	Tues.†	—
	Langley Green	Thurs. & Fri.	—	—	—	—	—	Fri.††	—
	Tilgate	Mon. Tues. Wed.	—	—	—	—	—	Thurs.†	—
	Hospital	—	—	Tues.† Thurs.†	—	—	—	—	—
	Desmond Anderson Sch.	—	—	—	—	—	—	Thurs.††	—
	Ifield School	—	—	—	—	—	—	Tues.††	—
	Little Deerswood Sch.	—	—	—	—	—	Wed.††	Thurs.†	—
	Northgate School	—	—	—	—	—	—	Thurs.††	—
	Southgate School	—	—	—	—	—	Tues.† Fri.†	Wed.††	—
	Three Bridges School	—	—	—	—	—	—	Mon.††	—
	West Green School	—	—	—	—	—	—	Wed.†	—
FINDON ...	Parochial School	—	—	—	—	—	—	Tues.† <i>f</i>	—
HORSHAM ...	Hurst Road	Mon.—Fri.	—	Fri.††	—	Mon.*	Wed.† Fri.†	Tues.†† Wed.	—
	Brighton Road	—	—	—	—	—	—	—	Mon.—Fri.
LANCING ...	Irene Avenue	Mon.—Fri.	—	Tues.† <i>f</i>	—	Mon.††*	Tues.† Fri.†	Mon.	—
LITTLEHAMPTON	Elm Grove Road	Mon.—Fri.	Fri.†	Wed.† <i>f</i>	—	Mon.†*	Mon.† Wed.† Thurs.†	Fri.	—
MIDHURST ...	County Sec. School	—	—	—	—	—	—	Mon.†	—
PETWORTH ...	C.S. & C.P. Schools	—	—	—	—	—	—	Mon.†	—
STEYNING ...	C.S. & C.P. Schools	—	—	—	—	—	—	Tues.†	—
STORRINGTON	C.S. & C.P. Schools	—	—	—	—	—	—	Tues.† <i>m</i>	—
SOUTHWATER ...	C.P. School	—	—	—	—	—	—	Mon.††	—
SHOREHAM-BY-SEA ...	Middle Road	Mon.—Fri.	—	Fri.† <i>f</i>	—	—	Mon.† Wed.† Thurs.†	Fri.	—
	Stoke Abbott Road	Mon.—Fri.	Mon.—Fri.†	Fri.††	Mon.† Wed. Thurs.†	Sat.† <i>m</i>	Mon. Wed. Thurs. Fri.††	Thurs.	—
WORTHING ...	6 Southey Road	—	—	—	—	—	—	—	Mon.—Fri.

Morning and afternoon sessions are held unless otherwise stated. † Morning. †† Afternoon. *m* Monthly. *f* Fortnightly. * Approximately every six weeks.

** In addition four mobile dental units operate in the County.

§ Some clinics not held in 1966 owing to staffing difficulties.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

Number of pupils on the registers of maintained primary and secondary schools (including nursery and special schools) in January, 1967 ... 64,107

ATTENDANCES AND TREATMENT

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	TOTALS
First visit	4,672	2,717	356	7,745
Subsequent visits	6,584	5,215	846	12,645
Total visits	11,256	7,932	1,202	20,390
Additional courses of treatment commenced	627	415	77	1,119
Fillings in permanent teeth	3,632	6,916	1,255	11,803
Fillings in deciduous teeth	5,560	413	—	5,973
Permanent teeth filled	2,972	5,600	1,029	9,601
Deciduous teeth filled	4,989	388	—	5,377
Permanent teeth extracted	151	598	128	877
Deciduous teeth extracted	2,265	505	—	2,770
General anaesthetics	887	178	19	1,084
Emergencies	601	302	72	975
Number of pupils x-rayed ... ..	...	...	...	294
Prophylaxis ... ..	...	...	...	736
Teeth otherwise conserved ... ..	...	...	...	2,146
Number of teeth root filled ... ..	...	...	...	5
Plays ... ..	...	...	...	5
Crowns ... ..	...	...	...	13
Courses of treatment completed ... ..	...	...	...	6,084

ORTHODONTICS

Cases remaining from previous year ... ..	...	...	...	122
New cases commenced during year ... ..	...	...	...	99
Cases completed during year ... ..	...	...	...	77
Cases discontinued during year ... ..	...	...	...	18
No. of removable appliances fitted ... ..	...	...	...	139
No. of fixed appliances fitted ... ..	...	...	...	—
Pupils referred to hospital consultant ... ..	...	...	...	—

PROSTHETICS

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	TOTALS
Pupils supplied with F.U. or F.L. (first time)	—	2	—	2
Pupils supplied with other dentures (first time)	4	15	8	27
Number of dentures supplied	5	18	9	32

ANAESTHETICS General anaesthetics administered by dental officers ... 661

INSPECTIONS

(a) First inspection at school — number of pupils	...	...	...	36,755
(b) First inspection at clinic — number of pupils ...	...	...	...	8,720
Number of (a) + (b) found to require treatment	...	...	...	15,587
Number of (a) + (b) offered treatment ...	...	...	...	14,367
(c) Pupils re-inspected at school clinic ... ..	...	...	...	4,073
Number of (c) found to require treatment ...	...	...	...	1,920

SESSIONS

Sessions devoted to treatment ... ..	...	...	...	2,661
Sessions devoted to inspection ... ..	...	...	...	291
Sessions devoted to dental health education	...	...	...	200

Appendix A

COUNTY HEALTH COMMITTEE

(at 31st December, 1966)

County Council Members

	<i>Sub-Committees</i>
MRS. E. S. M. BAXENDALE	a, e, Cn
MR. H. BRINTON	
MRS. H. C. CARMAN, J.P.	a, m
†DR. IVAN CLOUT	Ce, Cm
MRS. M. COBBY	m, n
CAPT. J. A. D. COCHRANE-BARNETT, O.B.E.	
MRS. M. J. DAVIS-POYNTER	m, n
MRS. G. F. GRIFFIN	n
MRS. E. M. KING-JONES	a
MR. C. C. LANSDALL	a
MAJOR-GENERAL H. M. LIARDET, C.B., C.B.E., D.S.O., D.L.	a
MR. J. E. MILES	a, m
*MR. PETER MURSELL, M.B.E., D.L. (<i>Chairman of the County Council</i>)	
MRS. P. B. P. NAUNTON, J.P.	e, m
†MR. W. G. S. POPE	Ca
MR. W. J. O'REILLY	m
MR. C. W. REECE	a, e
MR. T. H. SIGGS	n
MR. J. M. SMITH	a
*BRIG. L. L. THWAYTES, D.L. (<i>Vice-Chairman of the County Council</i>)	
MR. G. E. WALLER	a, e, m
MR. E. L. WALTER	a, n
*MR. J. E. WHITTOME, O.B.E. (<i>Chairman of the Finance and General Purposes Committee</i>)	

Other Members

MISS V. R. M. CHAPMAN	representing the West Sussex Branch of the Royal College of Nursing	n
MISS E. J. CLUNES	representing the West Sussex Branch of the Royal College of Midwives	n
DR. W. S. COLTART	representing the West Sussex Branch of the British Medical Association	n
DR. T. H. HARRISON	representing the Local Medical Committee for West Sussex	a
MRS. N. M. LEPHARD	representing Worthing Borough Council	m
MR. R. A. MITCHELL	representing Worthing Borough Council	m
MRS. M. GALE MOORE		n
DR. H. ROSENBERG, O.ST.J.	representing the Executive Council for the County of West Sussex	m
H.R.H. PRINCE TOMISLAV OF YUGOSLAVIA	representing the Sussex Branch of the St. John Ambulance Brigade	a
SIR GEOFFREY TODD, K.C.V.O., O.B.E.	representing the South West Metropolitan Regional Hospital Board	n
MRS. J. L. VANRENEN	representing the Women's Royal Voluntary Service	n

* Ex-officio member of the Committee and of the Sub-Committees.

† Ex-officio member of the Sub-Committees.

C Chairman of Sub-Committee.

a Ambulance and Public Health Sub-Committee.

e Executive Sub-Committee.

m Mental Health Sub-Committee.

n Nursing Sub-Committee.

COUNTY EDUCATION COMMITTEE

(at 31st December, 1966)

County Council Members

Sub-Committee

MR. D. R. ATKINS		
DR. H. M. AYRES, C.ST.J.		S
† MAJOR S. R. BROOKS	Vice-Chairman	
LADY BRUNDRETT		
MR. L. A. FOSTER		
MR. J. P. GEE, J.P.		S
MR. E. J. F. GREEN, J.P.		
MRS. G. F. GRIFFIN		S
† MR. R. MARTIN	Chairman	
MRS. M. KEOGH MURPHY		Cs
MR. C. P. MASON, M.B.E., J.P.		
MR. R. MAY		
MR. R. MILES		S
* MR. PETER MURSELL, M.B.E., D.L. (Chairman of the County Council)		
SIR CLINTON PELHAM, K.B.E., C.M.G.		
MR. A. G. W. PENNEY, J.P.		
MRS. D. M. PENNICOTT		S
MR. W. G. S. POPE		
MRS. D. E. RUDD		
MRS. N. B. M. SHARP		S
LT.-COL. E. S. SHAXSON, M.C., D.L., J.P.		
COL. E. L. STEPHENSON, D.S.O., M.C.		S
* BRIG. L. L. THWAYTES, D.L. (Vice-Chairman of the County Council)		
* MR. J. E. WHITTOME, O.B.E. (Chairman of the Finance and General Purposes Committee)		
MR. C. E. C. WOOLLEY		

Other Members

MR. R. EDWARDS	representing Worthing Committee for	
MRS. H. M. PERYER	Education	S
MR. P. H. THOMAS		
THE REV. CANON M. C. LANGTON	representing Religious Denominations	
THE REV. R. H. SMITH		S
THE VERY REV. CANON E. WAKE		
MR. K. D. ANDERSON	representing teachers employed in	
MR. P. H. KEYTE	schools maintained by the Local	S
MR. S. NORRIS	Education Authority	
MISS D. M. M. EDWARDS-REES		S
MAJOR-GEN. C. LLOYD, C.B., C.B.E., T.D.		
MISS W. A. WAITE		
MRS. M. J. DAVIS-POINTER	representing the Children's Committee	S

* Ex-officio member of the Committee and of the Sub-Committee.

† Ex-officio member of the Sub-Committee.

C Chairman of Sub-Committee.

s Special Services Sub-Committee.

Appendix B

STAFF

(at 31st December, 1966)

*County Medical Officer of Health and
Principal School Medical Officer:*

T. McL. GALLOWAY, M.D., F.R.C.P., D.P.H., DR.P.H.

*Deputy County Medical Officer of Health and
Deputy Principal School Medical Officer:*

D. WILD, M.B., CH.B., D.OBST., R.C.O.G., D.P.H., D.M.A.

Principal Medical Officer:

A. H. SNAITH, M.D., M.C.PATH., D.P.H.

Principal Administrative Officer:

J. SAUNDERS, F.C.C.S.

Medical Officers of the Department and School Medical Officers:

*J. C. AITKEN, M.B., CH.B., D.P.H.

*ROSETTA C. BARKER, M.B., B.CH., B.A.O., D.P.H.

*D. WARREN BROWNE, M.R.C.S., L.R.C.P., D.T.M. AND H., D.P.H.
K. S. CLIFF, M.B., B.S.

*F. COCKCROFT, M.A., M.R.C.S., L.R.C.P., D.P.H.

*V. P. GEOGHEGAN, M.D., D.P.H.

*J. A. G. GRAHAM, M.B., CH.B., D.P.H.

CHRISTINA A. GUNN, M.B., CH.B., D.P.H.

ESTHER S. KERR, M.A., M.B., B.CH., D.OBST., R.C.O.G.

A. LOWRY, M.R.C.S., L.R.C.P., D.C.H.

*K. N. MAWSON, M.B., CH.B., D.P.H.

MARJORIE B. MORTON, M.R.C.S., M.R.C.P., D.T.M., D.OBST., R.C.O.G.

MERLE NEWTON, M.R.C.S., L.R.C.P., D.C.H.

GLADYS A. G. ROBINSON, M.B., CH.B.

Chief Dental Officer and Principal School Dental Officer:

P. S. R. CONRON, L.D.S.

Area Dental Officers:

D. E. GIBBONS, B.D.S.

J. M. BAIN, L.D.S.

Dental Surgeons:

A. P. BROOKE, L.D.S.

G. C. KENT, L.D.S.

W. P. HOLDSWORTH, L.D.S.

J. A. W. PURNELL, L.D.S.

L. D. SMITH, L.D.S.

Consultant Chest Physicians:

*J. E. WALLACE, M.D., CH.B.

*A. SAKULA, M.D., B.S., M.R.C.P.

*E. W. THOMPSON EVANS, M.D., CH.B., D.P.H.

*FLORENCE R. PILLMAN, M.B., B.S., M.R.C.P.

Consultant Geriatric Physicians:

*R. B. FRANKS, M.R.C.S., M.R.C.P.

*J. N. MICKERSON, M.D., M.R.C.P.

Consultant Ophthalmologists:

*V. BELL, M.B., B.S., D.O.

*A. LYTTON, F.R.C.S., D.O.

*N. CRIDLAND, D.M., D.O. (OXON)

*H. B. JACOBS, F.R.C.S., D.O.M.S.

*S. D. WALLIS, M.R.C.S., L.R.C.P., D.O.M.S.

Ophthalmologists:

*P. W. ARUNDELL, M.R.C.S., L.R.C.P., D.O.M.S.

*J. M. BIRD, M.B., B.S., D.O.

*W. B. HEYWOOD-WADDINGTON, M.B., B.S.

* Part-time

Consultant Orthopaedic Surgeons:

*J. A. CHOLMELEY, F.R.C.S.

*J. D. WILSON, F.R.C.S.

Consultant Psychiatrists:

*M. ALDRIDGE, B.A., M.B., B.Ch., D.P.M.

*H. M. N. REES, B.Sc., M.B., B.Ch., M.R.C.P., D.P.M.

County Public Health Officer:

F. W. MASON, F.R.S.H., F.A.P.H.I.

Assistant County Public Health Inspector:

G. R. CROWTHER, M.R.S.H., M.A.P.H.I.

County Ambulance Officer:

V. A. GLOVER, F.I.A.O.

Superintendent Nursing Officer:

MISS D. M. SMITH, S.R.N., S.C.M., H.V.CERT.

Deputy Superintendent Nursing Officer:

MISS B. C. THORNTON, S.R.N., S.C.M., H.V.CERT.

Area Nursing Officers:

MISS B. M. GOLDING, S.R.N., S.C.M., H.V.CERT.

MISS M. NASH, S.R.N., S.C.M., H.V.CERT.

MISS A. M. RYDER, S.R.N., S.C.M., M.T.D., H.V.CERT.

Health Education Organiser:

MISS B. M. JACOB, S.R.N., S.C.M., H.V.CERT.

Assistant Health Education Organisers:

MRS. E. LOWETH, S.R.N., H.V.CERT.

MISS B. A. WRAIGHT, S.R.N., S.C.M.

Senior County Almoner:

MISS J. GATEHOUSE, B.A., A.I.M.S.W.

County Almoners:

MISS O. M. CATER, A.I.M.S.W.

MISS M. B. FLEMONS, A.I.M.S.W.

MISS M. F. WESTON, A.I.M.S.W.

Chief Chiropodist:

A. C. CAMPBELL, S.R.N., M.Ch.S., S.R.Ch.

Senior Chiropodists:

F. A. BAKER, M.Ch.S., S.R.Ch.

MRS. E. DROMGOOLE, M.Ch.S., S.R.Ch.

D. A. COLLYER, M.Ch.S., S.R.Ch.

MRS. D. M. PRICE, M.Ch.S., S.R.Ch.

A. R. RUDD, M.Ch.S., S.R.Ch.

County Home Help Organiser:

MRS. R. E. HOLMES

Area Home Help Organisers:

MRS. J. M. BURLING

MRS. M. BROWN-CONSTABLE

MRS. J. M. PLATER

Occupational Therapist:

MRS. D. B. PAYNE, M.A.O.T.

Physiotherapists:

*MRS. B. ANDREWS, M.C.S.P.

*MRS. C. M. CORNFORD, M.C.S.P.

*MISS L. C. BARKHAM, M.C.S.P.

*MRS. W. M. K. HOPE-GILL, M.C.S.P.

*MRS. M. E. KING, M.C.S.P.

*MRS. O. R. NETTLES, M.C.S.P.

*MRS. M. WANE, M.C.S.P.

*MISS M. E. WELLS, M.C.S.P.

*MRS. C. M. WILLIAMS, M.C.S.P.

Orthoptists:

*MISS D. BALLANCE, D.B.O.

*MRS M. SMITH, D.B.O.

*MISS H. WISE, D.B.O.

Senior Speech Therapist:

MISS M. G. A. MCCOMBIE, L.C.S.T.

Speech Therapists:

MRS. J. M. MILES, L.C.S.T.

*MRS. S. F. CARRINGTON, L.C.S.T.

*MRS. D. E. CROUCH, L.C.S.T.

* Part-time

Head Psychiatric Social Worker:

MISS J. S. PARSONS, A.A.P.S.W.

Senior Psychiatric Social Worker:

*MISS N. K. HUNNYBUN, A.A.P.S.W.

Psychiatric Social Workers:

*MISS M. E. CULLEN, A.A.P.S.W.

*MRS. E. T. ROSSELLI, M.A.

*V. W. J. ROBINSON, A.A.P.S.W.

*MRS. E. M. STEAD, B.A., A.A.P.S.W.

Social Workers:

*P. L. E. GAISEMAN

*MRS. D. P. HAIG, DIP. SOC. SCIENCE

*MRS. R. RYLE, DIP. SOC. SCIENCE

*MRS. P. E. VAUGHAN, S.R.N., DIP. SOC. SCIENCE

Child Psychotherapist (non-medical):

*J. HUMPHERY, PH.D., B.A., DIP. ED.

Senior Educational Psychologist:

D. LABON, B.Sc., A.B.Ps.S.

Educational Psychologists:

*MISS. A. BOWLEY, PH.D., F.B.Ps.S.

R. L. BURDEN, B.A., DIP. ED. PSYCH.

*MRS. M. PARKER, M.A.

Superintendent Mental Welfare Officer:

L. J. ELLIS, A.C.C.S., M.R.I.P.H.H., M.S.M.W.O.

Senior Mental Welfare Officers:

A. D. BRANDON, B.A.

L. O'RIORDAN, S.R.N., R.M.N., M.S.M.W.O.

G. S. POPLÉ, A.I.S.W.

J. H. PREECE, M.S.M.W.O.

P. W. SMALLRIDGE, C.S.W.

Mental Welfare Officers:

MISS P. DUNNING, M.S.M.W.O.

MRS. R. GHOM, DIP. N.A.M.H., M.S.M.W.O.

D. H. HARNOTT, R.M.N.

D. MITCHELL, R.M.N.

Durrington Hostel:

Warden: W. H. SHALES, R.M.N.

Matron: MRS. M. L. SHALES, S.E.N.

Rustington Residential Training Centre and Hostel:

Superintendent:

V. K. WILLIAMS, R.N.M.S.

Matron:

MRS. T. M. WILLIAMS, S.R.N., R.N.M.S.

Day Training Centres:

Head Teachers:

CHICHESTER: MRS. M. I. GREEN, DIP. N.A.M.H.

CRAWLEY: MISS J. WAKEHAM, DIP. N.A.M.H.

DURRINGTON: MRS. M. A. CLARKE, DIP. N.A.M.H.

WORTHING: W. E. STEVENS

Senior Administrative Assistants:

GENERAL SERVICES DIVISION:

P. R. THATCHER, A.I.S.W.

NURSING SERVICES DIVISION:

J. E. FIELD

SCHOOL HEALTH SERVICES DIVISION:

A. W. GASKELL

* Part-time

Medical Officers of Health of District Councils:

ROSETTA C. BARKER, M.B., B.Ch., B.A.O.,
D.P.H.

D. WARREN BROWNE, M.R.C.S., L.R.C.P.,
D.T.M. AND H., D.P.H.

F. COCKCROFT, M.A., M.R.C.S., L.R.C.P.,
D.P.H.

V. P. GEOGHEGAN, M.D., D.P.H.

J. A. G. GRAHAM, M.B., Ch.B., D.P.H.

K. N. MAWSON, M.B., Ch.B., D.P.H.

Chanctonbury Rural District
Shoreham-by-Sea Urban District
Southwick Urban District
Bognor Regis Urban District
City of Chichester
Littlehampton Urban District
Worthing Rural District
Arundel Municipal Borough
Chichester Rural District
Midhurst Rural District
Worthing Municipal Borough
Crawley Urban District
(temporary arrangement)
Horsham Urban District
Horsham Rural District
Petworth Rural District

STAFF: Categories and Numbers Employed

Category of staff (1)	Estab- lishment 30.9.66 (2)	In post on 30th September, 1966				
		Whole- time (3)	Part- time (4)	Whole-time equivalent of Col. (4) (5)	Total whole-time equivalent	
					1965 (6)	1966 (7)
Administrative and clerical:						
Central Office	56.5	51	1	0.5	53.5	51.5
Clinics	8.7	6	5	2.7	8.7	8.7
Ambulance operational staff ...	86	86	—	—	82	86
Chiropodists	7.1	7	1	0.1	4.4	7.1
Dentists	11	9	—	—	10	9
Dental hygienists	1	1	—	—	1	1
Dental surgery assistants ...	12	12	—	—	12	12
Doctors	14.4	10	31	4.4	14.7	14.4
Health education organiser and assistants	4	4	—	—	4	4
Home help organisers ...	9.5	7	5	2.5	8.0	9.5
Home helps	190	4	518	176	165	180
Manual and domestic, excluding cleaners at clinics employed on an hourly basis	1	1	—	—	1	1
Mental health:						
Hostels, including domestic staff	21	12	13	7.8	13	19.8
Social workers, including trainees	11.3	11	—	—	11	11
Training centres, including staff on courses of training:						
Teachers and instructors ...	34	30	2	1	30	31
Other staff	16	3	18	9.8	9.3	12.8
Nursing and auxiliary:						
Administrative and super- visory nursing staff ...	5	5	—	—	5	5
Clinic assistants	16	14	4	1.5	13	15.5
Combined nursing appoint- ments (all services; includ- ing relief staff)	37	29	7	5.4	31	34.4
Domiciliary midwives ...	26	22	2	1	21	23
Health visitors/school nurses	62	56	—	—	55	56
Home nurses	67	65	—	—	62	65
Nurse/midwives	22	22	—	—	21	22
Nursing auxiliaries	16	16	—	—	13	16
Occupational therapists ...	1	1	—	—	1	1
Other social workers:						
With relevant university or equivalent professional training	4	4	—	—	4	4
Physiotherapists	0.5	—	4	0.5	0.5	0.5
Public health inspectors ...	2	2	—	—	2	2
Speech therapists	4	2	1	0.1	2.1	2.1
Social workers and therapists in child guidance clinics ...	7.7	—	10	5.3	5.0	5.3
TOTALS	753.7	492	622	218.6	659.2	710.6

Note: Column (6) relates to 31st December, 1965.

Appendix C

WEST SUSSEX COUNTY COUNCIL

EVIDENCE OF THE COUNTY MEDICAL OFFICER OF HEALTH

submitted to a

PUBLIC INQUIRY

INTO THE PROPOSALS OF THE BOGNOR REGIS URBAN DISTRICT COUNCIL

regarding

SEWAGE DISPOSAL

1. My name is Thomas McLaren Galloway. I hold the degrees of Doctor of Medicine of the University of Edinburgh and Doctor of Public Health of the Johns Hopkins University, Baltimore. I am a Fellow of the Royal College of Physicians of Edinburgh and I hold the Diploma in Public Health of the University of London. I have held the appointments of County Medical Officer of Health and Principal School Medical Officer of the Administrative County of West Sussex since 1st April, 1960.

2. The County Council have since March, 1960 been concerned about the discharge of untreated sewage into the sea and the contamination caused thereby to bathing beaches. On 22nd November, 1963, the County Council adopted the report of the County Health Committee in the following terms:—

“as regards coastal areas generally:

- (a) on health and amenity grounds, only a high-quality effluent should be discharged into the sea; and
- (b) no sewage sludge or any other solid or semi-solid matter should be discharged into the sea; and that

as regards Bognor Regis:

- (c) the present proposals are unlikely to reduce the existing risk to health and loss of amenity. The effects of this ‘economical’ but crude method of disposal are certain to be more serious as the time goes on and the population increases. If however a sewage outfall to the sea is adopted, it should go into deeper water and carry a good effluent to a safe distance from the shore;
- (d) further consideration should be given to the construction of a sewage disposal works. Against the high cost of installation should be set the eventual loss which may result from a perpetuation and aggravation of the present risks and nuisance; and
- (e) having regard to the existing and future problems of Arundel and Littlehampton, consideration should be given to providing a comprehensive sewage treatment works (possibly in the Ford area) to which the sewage of the three areas could be pumped for proper processing. A satisfactory effluent could then be admitted to the tidal waters of the River Arun.”

3. The County Council subsequently proposed a scheme of grant-in-aid which would be applicable to the whole County in connection with sewage disposal but the scheme was not acceptable to the county district councils.

4. In general, the county district councils were opposed to the introduction of such a scheme on the grounds that

- (a) the treatment and disposal of sewage was a function vested in district councils under the Public Health Act, 1936;
- (b) as a general principle, each local authority should itself discharge the functions and duties placed upon it; and that
- (c) the redistribution of funds within the County, in accordance with the County Council’s proposals, was therefore undesirable.

5. The County Council’s main reasons for opposing the proposed sea outfall may be summarised as follows:

- (i) there is evidence that there is risk to the health of bathers in sewage-polluted sea water;
- (ii) sewage works which are designed to discharge sewage only at certain states of tides eventually become overloaded and inadequate and are thereupon used constantly for the discharge of sewage, without regard to the state of the tide; and
- (iii) the growing population of Bognor Regis is appreciably increased during the holiday season and at week-ends;
- (iv) aesthetically revolting beaches (which frequently follow the discharge of sewage into tidal waters and which were excluded from the assurances given by the Medical Research Council Report) mean a loss of amenity. This should be avoided, particularly in a holiday resort.

6. Representations against the proposed sea outfall have been made by many ratepayers and also by the West Sussex Division of the British Medical Association, the West Sussex Local Medical Committee, the National Health Service Executive Council for West Sussex and by Chichester Rural District Council, whose beaches at Middleton, Climping, Pagham and Selsey might be polluted by sewage from the proposed Bognor Regis outfall.

7. The Medical Research Council Committee’s memorandum No. 37 — “Sewage Contamination of Bathing Beaches” (under the heading (p. 20) The Health Risks of Bathing in Sewage-Polluted Sea Water) dealt with two specific organisms, namely those responsible for poliomyelitis and typhoid fever, and had no regard to the possibility of other organisms (known or unknown) which could convey disease. This report has been criticised by the British Medical Association and by the Institute of Sewage Purification. In a memorandum of 1964, giving a statement of policy, the Institute stated:—

“The Institute considers that while coastal resorts may experience much difficulty in providing adequate treatment of sewage owing to the position of existing outfalls and because of their fluctuating population, the problems would not be insurmountable. It should be remembered that inland towns are required to treat sewage and trade effluents to a high degree of purity in order to protect inland waters. It should be the pride of a seaside resort attracting holiday-makers that its sewage is adequately treated before discharge to tidal waters.”

8. A summary of figures taken from the Bulletins, July and August, 1965 of the Public Health Laboratory Service, which gave findings regarding identification of the different strains of *salmonellae* found in the United Kingdom from 1951 to 1963, indicated, for the last 10 years of the period, 41 different strains of *salmonellae* which were found in sea water in 374 positive samples. The highest number of any one strain was 110 samples with *S. Paratyphi B* content (in sea water) and a further 10 in bathing beach sand and one in foreshore mud. *Salmonellae* organisms found over the period in sewage totalled 1,085.

9. In the South African Journal *Public Health*, February, 1950, in an article “Diseases from Sewage”, Harold Wilson, PH.D. (LONDON) refers to a report in *The Surveyor* of 1st December, 1944 concerning tests carried out by Allen, Tomlinson and Norton of the British Water Pollution Research Staff, showing the reduction in bacteria per cubic centimetre as follows:—

Average results of bacteria content					bacteria per c.c.
Raw sewage	...	...	...	...	10 million
Settled sewage	...	...	...	...	2½ million
Percolating bed humus tank effluent...					up to 0.5 million
Sand filtered effluent	...	...	...		100,000
Land filtered effluent	...	...	...		10,000

10. A report prepared by H. B. Cochrane, M.A. (CANTAB.), GRAD.I.C.E., and published in *Surveyor and Municipal and County Engineer* on 21st April, 1956 (page 173), entitled “The use of radioactive isotopes and characteristic bacteria in tracing sewage pollution in the sea”, referred to float tests which had been carried out at a south coast resort

using radioactive isotopes and characteristic bacteria. These tests showed that, even with an off-shore wind, pollution of beaches took place, despite the fact that the ordinary floats and the oily patch appeared to indicate that the sewage was taken out to the sea. Float test results are therefore suspect and must be interpreted with caution.

11. As a result of float tests carried out at Bognor Regis by Messrs. Lewis and Duvivier (in their report August, 1960 to Messrs. D. Balfour & Sons, p. 7) an opinion was expressed that a sea outfall would be satisfactory if sewage were discharged $2\frac{1}{2}$ miles beyond low water at a point half a mile west of the pier or $3\frac{1}{2}$ miles or more in the position of the existing outfall.

12. The consulting engineer's (D. Balfour & Sons) reports of October, 1960 and June, 1963 recommended an outfall of 2 miles in one part (para. 28, p. 5 of 1963 report) and reduced it to $1\frac{1}{2}$ miles later in the 1963 report (para. 35, p. 5) without obvious support. (It is understood that this has now been extended to $1\frac{3}{4}$ miles). At this distance sewage would be discharged into a depth of water of only 23 to 25 feet.

13. Little regard appears to have been given to the unusual effects of the tides in the English Channel. *The Channel Pilot*, Part I, 13th edition 1947 (p. 240–241) shows that some water remains for long periods close inshore.

14. Solidified oil fuel is often found on the beaches of Bognor Regis, presumably from ships discharging from their tanks at distances considerably more than the $1\frac{1}{2}$ to 2 miles recommended by consultants for the proposed sewage outfall.

15. Reference has been made by Dr. Brendan Moore in his report dated 24th May, 1963 to the Consultant Engineers Messrs. D. Balfour that 1,005 samples of sea water had been taken from Bognor Regis foreshore and that 68 per cent of these samples had fewer than 1,000 coliform organisms per 100 millilitres. No mention was, however, made of the unsatisfactory samples, presumably 32 per cent, nor is information given about the dates, the states of the tide or weather conditions when samples were taken. Ministry of Health and Ministry of Housing and Local Government Report No. 71 "The Bacteriological Examination of Water Supplies" stated:—

"Swimming-bath water is exposed not only to faecal contamination but also to contamination with organisms from the skin and nasopharynx of the bathers. It is therefore recommended that no sample from a bath should contain any coliform organisms in 100 ml. of water; and that in 75 per cent of the samples examined from that bath the 24-hour plate count at 37°C. from 1 ml. of water should not exceed 10 colonies and the remainder should not exceed 100 colonies."

16. Improved methods of scientific inquiry may be expected to reveal hazards to health which are as yet unrecognised — even unsuspected. Only a few years ago road accidents were believed to be *accidents* — now we recognise the causes and the consequences of road accidents. Similarly, atmospheric pollution was a nuisance, a loss of amenity, but it is only in recent years that its significance as a health hazard has been recognised and treated accordingly. A great deal remains to be discovered and while some risks to health must be accepted, others should be anticipated.

17. Health authorities should not in my opinion remain complacent in dealing with the pollution of the sea. The provision of sewage treatment works rather than sea outfalls for the disposal of sewage may be more expensive, but such evidence as there is suggests that, if the facts are properly explained to them, the ratepayers (particularly in a holiday resort) would meet the additional costs involved. In my opinion such an imaginative approach is certainly to be preferred on grounds of health and amenity.

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CHICHESTER, SUSSEX.

21st January, 1966.

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